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<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Humana Insurance Company
Product Name:	Individual Dental Insurance
State:	Colorado
TOI:	H10I Individual Health - Dental
Sub-TOI:	H10I.000 Health - Dental
Filing Type:	Rate
Date Submitted:	06/14/2013
SERFF Tr Num:	HUMA-129069002
SERFF Status:	Closed-Filed
State Tr Num:	278997
State Status:	Filed
Co Tr Num:	
Implementation	01/01/2014
Date Requested:	
Author(s):	Nancy Anderson, Steve Laabs, Tina Huettl, Benjamin Ligocki, Josh Fink
Reviewer(s):	Cathy Gilliland (primary), Nichole Boggess, Michael Muldoon, Amy Filler, Kyle Edrington, Rachel Plummer
Disposition Date:	08/01/2013
Disposition Status:	Filed
Implementation Date:	01/01/2014
State Filing Description:	
Binder HUMA-CO14-125002057	

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: File & Use Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 08/01/2013  
State Status Changed: 08/01/2013  
Deemer Date: Created By: Benjamin Ligocki  
Submitted By: Benjamin Ligocki Corresponding Filing Tracking Number:  
  
Filing Description:  
Humana Dental Smart Choice - On Exchange Dental

Form Filing is under SERFF Tracking Number: HUMA-129001032

## Company and Contact

### Filing Contact Information

Benjamin Ligocki, Senior Actuarial Analyst bligocki@humana.com  
1600 Aspen Commons Ste 600 502-301-1249 [Phone]  
Middleton, WI 53562

### Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number: CO
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

## State Specific

Please enter state-specific code(s) found in Colorado's Filing Requirements Bulletins, or on the General Instructions page.  
Please list all applicable state-specific codes. If no codes are applicable, please enter N/A.: 850  
All rate and loss cost filing types MUST be submitted with completed Rate Data Fields in accordance with Sections 10-4-401 and 10-16-107 C.R.S. This requirement does not apply to form filing types. Rate and loss cost filings not including this data will be rejected. If this is a rate or loss cost filing, have these fields been completed?: Yes  
Have you completed the Forms Schedule Tab? ALL Life, Accident, and Health Rate and Form filing types require the Form Schedule Tab to be completed. In addition, all Form, Annual Form Certification, and Refund Calculation filing types require the Form Schedule Tab to be completed. The actual form must be attached to Form filing types only when filing: Medicare Supplement, Long-Term Care Partnership, Stop Loss, P&C Summary Disclosure Forms, and Workers Compensation. It is not necessary to submit the actual form for other lines of insurance. Thank you.: Yes

State: Colorado Filing Company: Humana Insurance Company  
 TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental  
 Product Name: Individual Dental Insurance  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Nichole Boggess	08/01/2013	08/01/2013

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Kyle Edrington	07/29/2013	07/29/2013
Pending Industry Response	Amy Filler	07/25/2013	07/25/2013
Pending Industry Response	Amy Filler	07/23/2013	07/23/2013
Pending Industry Response	Amy Filler	07/23/2013	07/23/2013
Pending Industry Response	Kyle Edrington	07/15/2013	07/15/2013
Pending Industry Response	Rachel Plummer	07/05/2013	07/05/2013
Pending Industry Response	Nichole Boggess	07/05/2013	07/05/2013

### Response Letters

Responded By	Created On	Date Submitted
Benjamin Ligocki	07/30/2013	07/30/2013
Benjamin Ligocki	07/26/2013	07/26/2013
Josh Fink	07/25/2013	07/25/2013
Benjamin Ligocki	07/24/2013	07/24/2013
Benjamin Ligocki	07/22/2013	07/22/2013
Benjamin Ligocki	07/12/2013	07/12/2013
Benjamin Ligocki	07/12/2013	07/12/2013

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Nichole Boggess	06/19/2013	06/19/2013

### Response Letters

Responded By	Created On	Date Submitted
Benjamin Ligocki	07/03/2013	07/03/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Question Concerning Objection	Note To Reviewer	Benjamin Ligocki	07/22/2013	07/22/2013

<b>SERFF Tracking #:</b>	<i>HUMA-129069002</i>	<b>State Tracking #:</b>	<i>278997</i>	<b>Company Tracking #:</b>	
<b>State:</b>	<i>Colorado</i>	<b>Filing Company:</b>	<i>Humana Insurance Company</i>		
<b>TOI/Sub-TOI:</b>	<i>H10I Individual Health - Dental/H10I.000 Health - Dental</i>				
<b>Product Name:</b>	<i>Individual Dental Insurance</i>				
<b>Project Name/Number:</b>	<i>/</i>				

## Disposition

Disposition Date: 08/01/2013

Implementation Date: 01/01/2014

Status: Filed

Comment: State Tracking #278997

Company: Humana Insurance Company

Product Line: Individual Dental -- PPO

### Rate Implementation Summary

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014 This is a new Filing for a 2014 Dental plan, and there is no rate change involved with this filing. The purpose of this rate filing is to establish new product rates for a dental plan that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Adult & Child: 1 Low AV plan

Off Exchange Only Plans

None

Final Rate Filing Disposition The Division has filed the rates in their final form after all adjustments.

See attached document for more information on this filing.

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b># of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document (revised)</b>	HR-1 Form (H)		Yes

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	HR-1 Form (H)		Yes
Supporting Document (revised)	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Claims Trend		Yes
Supporting Document	Colorado Rating Areas		Yes
Supporting Document	Base Factor Development		Yes
Form	Policy Cover		Yes
Form	Table of Contents		Yes
Form	Directory		Yes
Form	PPO Provision		Yes
Form	Adult Dental Benefits		Yes
Form	Pediatric Dental Benefits		Yes
Form	Limitations and Exclusions		Yes
Form	Eligibility		Yes
Form	Changes to Coverage		Yes
Form	Premium		Yes
Form	Termination		Yes
Form	General Provisions		Yes
Form	Definitions		Yes
Rate (revised)	Rate Manual		Yes

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
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<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Manual		Yes
Rate	Rate Manual		Yes

## Final Disposition Letter

State Tracking #278997

Company: Humana Insurance Company

Product Line: Individual Dental -- PPO

### **Rate Implementation Summary**

Effective Date of New Rate Implementation: 1/1/2014 through 12/31/2014

This is a new Filing for a 2014 Dental plan, and there is no rate change involved with this filing.

The purpose of this rate filing is to establish new product rates for a dental plan that are reasonable relative to the benefits provided and to demonstrate compliance with state laws and provisions of the Exchange if applicable.

On Exchange Only Plans

Adult & Child: 1 Low AV plan

Off Exchange Only Plans

None

### **Rate Methodology**

Experience Used for Rate Setting: Child: \$15.14 ; Adult: \$13.25

Experience Period Adjustments (Child): Benefit Differences (-12.3%) ; Anti-risk selection (+44.0%) ; Geographic Adjustment (+5.8%)

Experience Period Adjustments (Adult): Benefit Differences (-13.7%) ; Anti-risk selection (+0.0%) ; Geographic Adjustment (+3.2%)

Annual Dental Cost Trends: 6.0%

### **Premium Retained to Cover Expenses, Taxes Fees and Profits**

Administrative costs: Expenses the insurance company pays to operate this insurance plan.

This includes all expenses not directly related to paying claims, such as, but not limited to, salaries of company employees, the cost of the company's offices and equipment, commissions to agents to sell and service policies, subsidies to cover legally required plans such as portability, and taxes.

Profit: The amount of money remaining after claims and administrative expenses are paid. Margin is the comparable term for a nonprofit insurance company.

Total premium retention is 34.00% shown as follows:

General Admin: 15.30%

Commissions: 6.00%



## Final Disposition Letter

Premium Tax: 4.40%

Exchange Fee: 1.40%

Provision for Taxes: 2.40%

Profit Load: 4.50%

### Sample of Final Premium Levels

Age*		Low AV							
		Denver		Fort Collins		Grand Junction		Pueblo	
		Min	Max	Min	Max	Min	Max	Min	Max
Humana Dental Smart Choice	0-20	\$33.30	\$33.30	\$33.10	\$33.10	\$29.30	\$29.30	\$29.30	\$29.30
	21	\$17.80	\$17.80	\$16.30	\$16.30	\$15.10	\$15.10	\$15.10	\$15.10
	64	\$20.70	\$20.70	\$18.90	\$18.90	\$17.50	\$17.50	\$17.50	\$17.50

### Division Objections and Rate Changes During the Review Process

The Division objected to profit load (8.05%) and provision for taxes (4.3%) included in the retention component of the original filing and requested reductions to 4.5% and 2.4%, respectively. The overall retention was reduced from 40.0% to 34.0% through the review process.

### Final Rate Filing Disposition

The Division has filed the rates in their final form after all adjustments.

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/29/2013
Submitted Date	07/29/2013
Respond By Date	07/30/2013

Dear Benjamin Ligocki,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

- Actuarial Memorandum (Supporting Document)
- Rate Manual, [CO HUMD IND 2014] (Rate)

*Comments: As noted in the objection letter dated 7/15/2013, the filing relies on proprietary company experience from group products with broad coverage similar to the offered plan. The actuarial memorandum indicates adjustments for benefit differences, utilization rate differences between group and individual members, morbidity, annual claims trend of up to 10% per year (no trend is used in the rate manual), and other rating methodology differences. The supporting information included in the filing does not disclose the magnitude of these adjustments.*

*The response to this objection letter on 7/22/2013 broadly included the magnitude of these adjustments, but additional detail is required to understand the development of the Base Factors of \$23.00 for children and \$10.70 for adults included in the rate manual.*

*Please provide an Excel document containing the development of the base factors for adults and children. The will include the per member costs of the experience period (with corresponding descriptions of the product(s) used for the experience period and time period) as well as the explicit magnitude of any incremental adjustments (with descriptions) such that all components yield the base factors.*

### Objection 2

- Actuarial Memorandum (Supporting Document)
- Rate Manual, [CO HUMD IND 2014] (Rate)

*Comments: The Profit Load of 8.05% included in the filing is excessive relative to other plans in the market. Please reduce to be no greater than 4.50% after tax. Also, please adjust the 4.3% "provision for taxes" to be 2.4% unless appropriate justification is available for the 4.3%.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/30/2013, which is within 1 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/30/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

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<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

*Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.*

*Sincerely,  
Kyle Edrington*

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State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H101 Individual Health - Dental/H101.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/25/2013
Submitted Date	07/25/2013
Respond By Date	07/26/2013

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Dear Benjamin Ligocki,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*- Rate Manual, [CO HUMD IND 2014] (Rate)*

*Comments: Thank you for providing the crosswalk in your objection response from the 11 Colorado rating areas to your 6 rating areas. We need to have that information reflected in the rate manual. Please make the necessary changes and upload a new rate manual.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/26/2013, which is within 1 calendar day from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/26/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

*Sincerely,  
Amy Filler*

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<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H101 Individual Health - Dental/H101.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2013
Submitted Date	07/23/2013
Respond By Date	07/25/2013

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Dear Benjamin Ligocki,

### **Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

### **Objection 1**

*- Rate Manual, [CO HUMD IND 2014] (Rate)*

*Comments: Please provide a base rate, age factors, area factors, etc. to help us crosswalk your rate manual to the Rate Date Template in your binder.*

### **Conclusion:**

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/25/2013, which is within [20] calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/25/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

*Sincerely,*

*Amy Filler*

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State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H101 Individual Health - Dental/H101.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/23/2013
Submitted Date	07/23/2013
Respond By Date	07/25/2013

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Dear Benjamin Ligocki,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*- Rate Manual, [CO HUMD IND 2014] (Rate)*

*Comments: Please submit a rate manual that lists the correct 11 rating areas for Colorado. A link to the dental rate filing application instructions is listed below. See the link on page 5 of this document for the breakdown of the 11 geographic rating areas in Colorado along with the counties that are covered.*

[http://www.connectforhealthco.com/wpfb-file/20130604\\_connect-for-health-colorado-qdp-certification-application-instructions-pdf/](http://www.connectforhealthco.com/wpfb-file/20130604_connect-for-health-colorado-qdp-certification-application-instructions-pdf/)

### Conclusion:

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/25/2013, which is within [20] calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/25/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

*Sincerely,  
Amy Filler*

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**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/15/2013
Submitted Date	07/15/2013
Respond By Date	07/22/2013

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Dear Benjamin Ligocki,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

- Actuarial Memorandum (Supporting Document)
- Rate Manual, [CO HUMD IND 2014] (Rate)

*Comments: The filing relies on proprietary company experience from group products with broad coverage similar to the offered plan. The actuarial memorandum indicates adjustments for benefit differences, utilization rate differences between group and individual members, morbidity, annual claims trend of up to 10% per year (no trend is used in the rate manual), and other rating methodology differences. The supporting information included in the filing does not disclose the magnitude of these adjustments. Please provide a description of and cost experience for the starting base experience as well as the magnitude of the other adjustments made to this data to yield the Base Factors of \$23.00 for children and \$10.70 for adults included in the rate manual.*

### Objection 2

- Actuarial Memorandum (Supporting Document)

*Comments: Please provide additional background and support for each retention component. That is, provide historical financial levels and individually list the magnitude of any individual taxes or PPACA fees or assessments included in the retention.*

### Conclusion:

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 7/22/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 7/22/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.*

Sincerely,

Kyle Edrington

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**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/12/2013

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Dear Benjamin Ligocki,

**Introduction:**

*This filing has been received, but before further action can be taken, please address the following:*

**Objection 1**

*Comments: Please upload your dental rate manual and attach under the Rate/Rule Schedule tab of the rate filing.*

**Conclusion:**

*If any of the requested rate information results in changes to the filing forms (HR-1 or A, B, C or D), please also submit revised forms.*

*Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.*

*The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.*

*Failure to provide a full or complete response, or to request an extension for a specified period, may result in the imposition of a \$500 fine under Colorado Insurance Regulation 1-1-8 and applicable surcharge pursuant to §24-34-108(2), C.R.S. This surcharge will be used to fund the development, implementation and maintenance of a consumer outreach and education program. Pursuant to Section 6 of Colorado Insurance Regulation 1-1-8, and after notice and hearing, additional sanctions may be sought under C.R.S. 10-1-215 and other fining and penalty provisions of Title 10.*

Sincerely,

Rachel Plummer



**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/05/2013
Submitted Date	07/05/2013
Respond By Date	07/12/2013

Dear Benjamin Ligocki,

### Introduction:

This filing has been received, but before further action can be taken, please address the following:

### Objection 1

Comments: Objection 1: Please fill out the requested filing mode on the general information tab. This should reflect file and use.

### Objection 2

Comments: Objection 2: The Form Schedule tab in SERFF must be completed for ALL Rate filings and for ALL Form filings. Do not submit actual forms in Rate filings. Forms are not to be remitted in Form filings unless the forms are for long-term care policies, stop-loss policies, or Medicare Supplement policies. The following fields should be filled out:

Item No.

Schedule Item Status

Form Name

Form Number

Form Type

Action

Action Specific Data

### Objection 3

Comments: Objection 3: Please provide the rating factors in PDF format as well as excel. Please load the rating table onto the rate / rule schedule tab. This has not been updated.

### Objection 4

- Actuarial Memorandum (Supporting Document)

Comments: Objection 5: Please provide the retention components in section (H) of the actuarial memorandum as this is the required place for this.

### Objection 5

Comments: Objection 8: The exhibit titled claims trend under the supporting documentation has not been attached. Please attach at this time.

### Objection 6

Comments: Objection 10: Please provide the projection in a yearly format instead of the PMPM projection.

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**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

**Objection 7**

Comments: Objection 11: As this has been identified as being the low plan, the actuarial value of the plan should be 70% per Federal regulations. Please provide justification if this can not be met.

**Conclusion:**

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/12/2013, which is within 7 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/12/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,  
Nichole Boggess

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/19/2013
Submitted Date	06/19/2013
Respond By Date	07/03/2013

Dear Benjamin Ligocki,

### Introduction:

*This filing has been received, but before further action can be taken, please address the following:*

### Objection 1

*Comments: Please fill out the requested filing mode on the general information tab.*

### Objection 2

*Comments: The Form Schedule tab in SERFF must be completed for ALL Rate filings and for ALL Form filings. Do not submit actual forms in Rate filings. Forms are not to be remitted in Form filings unless the forms are for long-term care policies, stop-loss policies, or Medicare Supplement policies.*

### Objection 3

*- Actuarial Memorandum (Supporting Document)*

*Comments: Please provide the rating factors in PDF format as well as excel. Please load the rating table onto the rate / rule schedule tab.*

### Objection 4

*- Actuarial Memorandum (Supporting Document)*

*Comments: Regulation 4-2-11 Section 6 (C) Rating Period: If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.*

### Objection 5

*- Actuarial Memorandum (Supporting Document)*

*Comments: Regulation 4-2-11 Section 6 (H) Please provide the following information: Relation of Benefits to Premium: The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period. This relationship will be presumed to be reasonable if the carrier complies with the following:*

*1. Medicare Supplement and Long-Term Care Policies: See Section 7.F and 7.G of this regulation.*

*Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.*

*a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.*

*b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.*

*Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.*

*The Commissioner will evaluate each component for reasonableness and consistency with other similar rate filings. Any change in*

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

these components from the previous rate filing must be adequately supported. It should be noted that broad groupings of these components are not permitted.

### Objection 6

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (K) Please explain the line stating acquisition cost 6%.

### Objection 7

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (J) Please provide the following information: Detailed support must be provided for any proposed load in excess of 7% after federal income tax.

### Objection 8

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (L) Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.

2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.

3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.

4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

### Objection 9

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (N): Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.

2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.

4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.

a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.

b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

When a carrier files a new policy form, they need to submit support for the new policy form. If the new policy form is based on an existing policy form, the existing policy form experience will be used to support the new policy form, with an explanation as to the differences and relativities between the old and new policy form. The offering of additional cost sharing options (i.e. deductibles and copayments) does not change an existing form into a new policy form.

#### **Objection 10**

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

#### **Objection 11**

- Actuarial Memorandum (Supporting Document)

Comments: Please identify if this is the high (85%) or low (70%) plan

#### **Conclusion:**

Colorado Insurance Regulation 1-1-8 requires that every person shall provide a complete response in writing to any inquiry from the Division of Insurance. This reply must be submitted by 07/03/2013, which is within 14 calendar days from the date of this correspondence. If additional time is required to provide a complete response, including any documentation which is requested, a request for an extension of time must be submitted by 07/03/2013.

The request for an extension of time must state the reason for such request and the number of additional days required to provide a complete response. Requests for additional time will be granted for good cause shown and for a reasonable period at the discretion of the Division. Requests for an extension of time must be submitted through SERFF.

Failure to provide a full or complete response, or to request an extension for a specified period, will result in the rate filing being DISAPPROVED on the basis that the rate filing is incomplete, pursuant to §10-16-107(1.6)(a)(V), C.R.S. Proposed rates may not be used in any manner until an adequate response to this objection has been received and the above referenced rate filing has been approved by the Division.

Sincerely,

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Nichole Boggess

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2013
Submitted Date	07/30/2013

Dear Cathy Gilliland,

### **Introduction:**

Please see the response below.

### **Response 1**

#### **Comments:**

Please see the exhibit titled 'Base Factor Development'.

### **Related Objection 1**

Applies To:

- Actuarial Memorandum (Supporting Document)
- Rate Manual, [CO HUMD IND 2014] (Rate)

Comments: As noted in the objection letter dated 7/15/2013, the filing relies on proprietary company experience from group products with broad coverage similar to the offered plan. The actuarial memorandum indicates adjustments for benefit differences, utilization rate differences between group and individual members, morbidity, annual claims trend of up to 10% per year (no trend is used in the rate manual), and other rating methodology differences. The supporting information included in the filing does not disclose the magnitude of these adjustments.

The response to this objection letter on 7/22/2013 broadly included the magnitude of these adjustments, but additional detail is required to understand the development of the Base Factors of \$23.00 for children and \$10.70 for adults included in the rate manual.

Please provide an Excel document containing the development of the base factors for adults and children. The will include the per member costs of the experience period (with corresponding descriptions of the product(s) used for the experience period and time period) as well as the explicit magnitude of any incremental adjustments (with descriptions) such that all components yield the base factors.

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

<b>Satisfied - Item:</b>	Base Factor Development
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<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
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<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

<b>Comments:</b>	Please see the attached file which crosswalks base experience with the base factors.
<b>Attachment(s):</b>	Base Factor Development.xlsx

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

<b>Satisfied - Item:</b>	Base Factor Development
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State: Colorado Filing Company: Humana Insurance Company  
 TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental  
 Product Name: Individual Dental Insurance  
 Project Name/Number: /

Comments:	Please see the attached file which crosswalks base experience with the base factors.
Attachment(s):	Base Factor Development.xlsx

No Form Schedule items changed.

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/30/2013 By: Benjamin Ligocki
Previous Version						
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/26/2013 By: Benjamin Ligocki
Previous Version						
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/12/2013 By: Benjamin Ligocki

## Response 2

### Comments:

Please see the updated Actuarial Memorandum which outlines the change to rates and retention.

Please also note that the Rate Manual and HR-1 Form have been updated as well to reflect the changes.

## Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)
- Rate Manual, [CO HUMD IND 2014] (Rate)

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

Comments: The Profit Load of 8.05% included in the filing is excessive relative to other plans in the market. Please reduce to be no greater than 4.50% after tax. Also, please adjust the 4.3% "provision for taxes" to be 2.4% unless appropriate justification is available for the 4.3%.

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	Please see the attached HR-1 form.
<b>Attachment(s):</b>	HR-1 Form.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>HR-1 Form (H)</i>
<b>Comments:</b>	<i>Please see the attached HR-1 form.</i>
<b>Attachment(s):</b>	<i>HR-1 Form.pdf</i>
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm</i> <i>CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm</i> <i>CO Smart Choice Actuarial Memorandum.pdf</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf</i> <i>CO Rate Manual.xlsm</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	Please see the attached HR-1 form.
<b>Attachment(s):</b>	HR-1 Form.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>HR-1 Form (H)</i>
<b>Comments:</b>	<i>Please see the attached HR-1 form.</i>
<b>Attachment(s):</b>	<i>HR-1 Form.pdf</i>
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm</i> <i>CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm</i> <i>CO Smart Choice Actuarial Memorandum.pdf</i>

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

*No Form Schedule items changed.*

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/30/2013 By: Benjamin Ligoeki
<i>Previous Version</i>						
1	<i>Rate Manual</i>	<i>CO HUMD IND 2014</i>	<i>New</i>		<i>CO Rate Manual.xlsm, CO Rate Manual.pdf,</i>	<i>07/26/2013 By: Benjamin Ligoeki</i>
<i>Previous Version</i>						
1	<i>Rate Manual</i>	<i>CO HUMD IND 2014</i>	<i>New</i>		<i>CO Rate Manual.xlsm, CO Rate Manual.pdf,</i>	<i>07/12/2013 By: Benjamin Ligoeki</i>

**Conclusion:**

*Thank you for your review.*

*Sincerely,*

*Benjamin Ligoeki*



<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/26/2013
Submitted Date	07/26/2013

Dear Cathy Gilliland,

### **Introduction:**

Please see the response below.

### **Response 1**

#### **Comments:**

Please see the updated rate manual in both .xls format and .pdf format.

### **Related Objection 1**

Applies To:

- Rate Manual, [CO HUMD IND 2014] (Rate)

Comments: Thank you for providing the crosswalk in your objection response from the 11 Colorado rating areas to your 6 rating areas. We need to have that information reflected in the rate manual. Please make the necessary changes and upload a new rate manual.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/26/2013 By: Benjamin Ligocki
<i>Previous Version</i>						
1	<i>Rate Manual</i>	<i>CO HUMD IND 2014</i>	<i>New</i>		<i>CO Rate Manual.xlsm, CO Rate Manual.pdf,</i>	<i>07/12/2013 By: Benjamin Ligocki</i>

**Conclusion:**

Thank you for your review.

Sincerely,

Benjamin Ligocki

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**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/25/2013
Submitted Date	07/25/2013

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Dear Cathy Gilliland,

**Introduction:**

Please see the response below.

**Response 1**

**Comments:**

A file has been included titled "Colorado Rating Areas" in the Supporting Documentation tab that is designed to crosswalk the Humana defined rating areas to the Colorado defined rating areas. All rating factors used to produce the rates in the Rate Data Template in the binder are included in the Rate Manual provided on SERFF.

**Related Objection 1**

Applies To:

- Rate Manual, [CO HUMD IND 2014] (Rate)

Comments: Please provide a base rate, age factors, area factors, etc. to help us crosswalk your rate manual to the Rate Data Template in your binder.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your review.

Sincerely,

Josh Fink

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/24/2013
Submitted Date	07/24/2013

Dear Cathy Gilliland,

### Introduction:

Please see the response below.

### Response 1

#### Comments:

The Humana defined rating areas for this plan adhere to the Colorado defined rating areas. The claim levels in some of the Colorado rating areas were similar and, as a result, were combined in our rate manual. Please see the exhibit titled Colorado Rating Areas for a crosswalk between the rating areas. The crosswalk is also listed below:

Humana Defined-----Corresponding Colorado  
Rating Areas-----Defined Rating Area

Rating Area 1-----1, 3  
Rating Area 2-----2  
Rating Area 3-----4, 11  
Rating Area 4-----5, 7  
Rating Area 5-----8, 9, 10  
Rating Area 6-----6

### Related Objection 1

Applies To:

- Rate Manual, [CO HUMD IND 2014] (Rate)

Comments: Please submit a rate manual that lists the correct 11 rating areas for Colorado. A link to the dental rate filing application instructions is listed below. See the link on page 5 of this document for the breakdown of the 11 geographic rating areas in Colorado along with the counties that are covered.

[http://www.connectforhealthco.com/wpfb-file/20130604\\_connect-for-health-colorado-qdp-certification-application-instructions-pdf/](http://www.connectforhealthco.com/wpfb-file/20130604_connect-for-health-colorado-qdp-certification-application-instructions-pdf/)

### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Colorado Rating Areas
<b>Comments:</b>	Please see the attached rating area explanatory exhibit.
<b>Attachment(s):</b>	Colorado Rating Areas.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Thank you for your review.*

*Sincerely,*

*Benjamin Ligocki*

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/22/2013
Submitted Date	07/22/2013

Dear Cathy Gilliland,

### **Introduction:**

Please see the responses below.

### **Response 1**

#### **Comments:**

Response: Child claims were developed using experience from group products. An increase of 45% on Class I services, 40% on Class II services, and 40% on Class III services was applied to the group claims utilization. The adjustments based on class reflect the differences observed in benefit normalized utilization patterns between group and individual experience. The benefit differences to adjust group utilization were found to account for a decrease of 14% to claims. Other rating methodology adjustments include a 6% adjustment to account for no more than three children being rated on a policy.

Adult claims were developed using experience from a similar individual product. Utilization and morbidity are not expected to differ on this new plan in relation to the experience used. Benefit differences were found to account for an increase of 10% to claims.

The assumed prospective claims trend used in pricing was 6% on an annual basis. Utilization trend is expected to be 3-4% and unit cost trend is expected to be 2-3%.

Unit cost experience is expected to be similar to our individual and group products. These products use the same dental network. Where experience was not credible, consultant data was used to supplement the experience data.

### **Related Objection 1**

Applies To:

- Rate Manual, [CO HUMD IND 2014] (Rate)
- Actuarial Memorandum (Supporting Document)

Comments: The filing relies on proprietary company experience from group products with broad coverage similar to the offered plan. The actuarial memorandum indicates adjustments for benefit differences, utilization rate differences between group and individual members, morbidity, annual claims trend of up to 10% per year (no trend is used in the rate manual), and other rating methodology differences. The supporting information included in the filing does not disclose the magnitude of these adjustments. Please provide a description of and cost experience for the starting base experience as well as the magnitude of the other adjustments made to this data to yield the Base Factors of \$23.00 for children and \$10.70 for adults included in the rate manual.

### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

**Comments:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Response: Nationwide expenses on a similar individual product are provided below:

Retention Component	2011	2012	2013
Acquisition Cost	37.7%	19.4%	12.6%
Premium Tax	1.9%	1.9%	1.9%
General Expenses	21.7%	20.5%	16.1%

**Acquisition cost** Historical experience for this product does not reflect the specific distribution strategy. Costs are anticipated to decrease due to the essential health benefit mandate which will drive consumers to purchase dental with less marketing.

**Premium Tax** Note that historical experience does not include the federal premium tax rate due in 2014. The federal premium tax rate is expected to be approximately 2.25% and state premium taxes are 2.25%.

**Exchange Fee** Note that historical does include the Exchange Fee that will be included beginning in 2014. The Colorado Exchange Fee is expected to be 1.4% in 2014.

**General Expenses** The cost the company incurs administering this product; including claims processing, billing, enrollment, customer service functions, and corporate overhead (legal, compliance, actuarial, etc.). These expenses are similar to the 2013 nationwide individual product experience provided.

Please note that the Actuarial Memorandum has been revised to correct an error in the Provision for Tax and Profit Load.

## Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)

**Comments:** Please provide additional background and support for each retention component. That is, provide historical financial levels and individually list the magnitude of any individual taxes or PPACA fees or assessments included in the retention.

## Changed Items:



<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your review.

Sincerely,

Benjamin Ligocki

---

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2013
Submitted Date	07/12/2013

---

Dear Cathy Gilliland,

**Introduction:**

Please see the response below.

**Response 1**

**Comments:**

Please see the attached Rate Manual under the Rate/Rule Schedule tab.

**Related Objection 1**

Comments: Please upload your dental rate manual and attach under the Rate/Rule Schedule tab of the rate filing.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you for your review.

Sincerely,

Benjamin Ligocki

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/12/2013
Submitted Date	07/12/2013

Dear Cathy Gilliland,

### **Introduction:**

Please see the responses below.

### **Response 1**

#### **Comments:**

Please see that the general information tab has been updated to state File and Use.

### **Related Objection 1**

Comments: Objection 1: Please fill out the requested filing mode on the general information tab. This should reflect file and use.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

Please see that the Form Schedule tab in SERFF now includes the Forms associated with this filing.

### **Related Objection 2**

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

Comments: Objection 2: The Form Schedule tab in SERFF must be completed for ALL Rate filings and for ALL Form filings. Do not submit actual forms in Rate filings. Forms are not to be remitted in Form filings unless the forms are for long-term care policies, stop-loss policies, or Medicare Supplement policies. The following fields should be filled out:

Item No.

Schedule Item Status

Form Name

Form Number

Form Type

Action

Action Specific Data

**Changed Items:**

No Supporting Documents changed.

SERFF Tracking #:

HUMA-129069002

State Tracking #:

278997

Company Tracking #:

State: Colorado

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Insurance

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Cover	CO HUMD IND 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
2	Table of Contents	CO TOC 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
3	Directory	CO HUMD IND DIR 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
4	PPO Provision	HUMD IND PPO 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
5	Adult Dental Benefits	CO HUMD IND ABEN 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
6	Pediatric Dental Benefits	CO HUMD IND PED BEN 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki

SERFF Tracking #:

HUMA-129069002

State Tracking #:

278997

Company Tracking #:

State: Colorado

Filing Company:

Humana Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Insurance

Project Name/Number: /

## Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Cover	CO HUMD IND 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
7	Limitations and Exclusions	HUMD IND L&E 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
8	Eligibility	HUMD IND ELIG 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
9	Changes to Coverage	HUMD IND CHG 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
10	Premium	HUMD IND PREM 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
11	Termination	HUMD IND TER 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki

State: Colorado Filing Company: Humana Insurance Company  
 TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental  
 Product Name: Individual Dental Insurance  
 Project Name/Number: /

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Cover	CO HUMD IND 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
12	General Provisions	CO HUMD IND GP 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki
13	Definitions	CO HUMD IND DEF 2014	POL	Initial		48.700		Date Submitted: 07/12/2013 By: Benjamin Ligocki

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

Please note that the Rate/Rule schedule tab now includes a PDF version of the rate manual.

### Related Objection 3

Comments: Objection 3: Please provide the rating factors in PDF format as well as excel. Please load the rating table onto the rate / rule schedule tab. This has not been updated.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,	07/12/2013 By: Benjamin Ligoeki

#### Response 4

##### Comments:

Please see that the retention components are now listed under section H of the Actuarial Memorandum.

#### Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Objection 5: Please provide the retention components in section (H) of the actuarial memorandum as this is the required place for this.

#### Changed Items:



<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 5

##### Comments:

Please see that the exhibit titled Claims Trend is now listed under the supporting documentation tab.

#### Related Objection 5

Comments: Objection 8: The exhibit titled claims trend under the supporting documentation has not been attached. Please attach at this time.

#### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Claims Trend
<b>Comments:</b>	The attached graph exhibits nationwide claims trend on a similar product.
<b>Attachment(s):</b>	Claims Trend Graph.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 6**

##### **Comments:**

*Please see the updated Actuarial Memorandum.*

#### **Related Objection 6**

*Comments: Objection 10: Please provide the projection in a yearly format instead of the PMPM projection.*

#### **Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 7

##### Comments:

This plan meets the requirements of the low plan per Federal regulations.

#### Related Objection 7

Comments: Objection 11: As this has been identified as being the low plan, the actuarial value of the plan should be 70% per Federal regulations. Please provide justification if this can not be met.

#### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Thank you for your review.*

*Sincerely,*

*Benjamin Ligocki*

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/03/2013
Submitted Date	07/03/2013

Dear Cathy Gilliland,

### **Introduction:**

Please see responses to the objections below.

### **Response 1**

#### **Comments:**

A post submission update has been made to request the filing mode be changed to "Review & Approval"

### **Related Objection 1**

Comments: Please fill out the requested filing mode on the general information tab.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Response 2**

#### **Comments:**

All form information has been filled out on the Form Schedule tab.

### **Related Objection 2**

Comments: The Form Schedule tab in SERFF must be completed for ALL Rate filings and for ALL Form filings. Do not submit actual forms in Rate filings. Forms are not to be remitted in Form filings unless the forms are for long-term care policies, stop-loss policies, or Medicare Supplement policies.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

No Rate/Rule Schedule items changed.

### Response 3

#### Comments:

Please note that both an excel version and pdf version of the Rate Manual has been added to the Rate/Rule schedule tab.

### Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Please provide the rating factors in PDF format as well as excel. Please load the rating table onto the rate / rule schedule tab.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 4

#### Comments:

The rating period is intended to be the twelve months starting from the proposed implementation date of 1/1/2014.

### Related Objection 4

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (C) Rating Period: If the length of the rating period is not clearly identified, it will be assumed to be for twelve months, starting from the proposed implementation date.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 5

##### Comments:

Please see Section 6 (K) of the Actuarial Memorandum for an explanation of how rates were determined as well as a breakout of the components of retention.

#### Related Objection 5

Applies To:

- Actuarial Memorandum (Supporting Document)

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Comments: Regulation 4-2-11 Section 6 (H) Please provide the following information: Relation of Benefits to Premium: The memorandum must adequately support the reasonableness of the relationship of the projected benefits to projected earned premiums for the rating period. This relationship will be presumed to be reasonable if the carrier complies with the following:

1. Medicare Supplement and Long-Term Care Policies: See Section 7.F and 7.G of this regulation.

Retention Percentage: The actuarial memorandum must list and adequately support each specific component of the retention percentage. The support for a health benefit plan must include a comparison of the most recent levels experienced for each component as shown in the plan's financial statements, with an explanation for any variations between retention loads used and actual experience for each component.

a. If the product was not initially priced using a lifetime loss ratio standard, the retention percentage is equal to the sum of all non-claim components of the rate including investment income from unearned premium reserves, contract or policy reserves, reserves from incurred losses, and reserves from incurred but not reported losses.

b. If the product was initially priced using a lifetime loss ratio standard, the retention percentage is equal to 1 minus the lifetime loss ratio.

Each of these specific components must be expressed as a percentage of the earned premium, and should sum to the total carrier retention percentage. Each component should reflect the average assumption used in pricing. Ranges for each assumption and flat dollar amounts are not permitted. The component for profit/contingencies should reflect the target load for profit and contingencies, and not the expected results or operating margin.

The Commissioner will evaluate each component for reasonableness and consistency with other similar rate filings. Any change in these components from the previous rate filing must be adequately supported. It should be noted that broad groupings of these components are not permitted.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.



<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

No Rate/Rule Schedule items changed.

## Response 6

### Comments:

Compensation paid to agents and the costs associated with marketing this product make up the 6% attributed to acquisition cost.

## Related Objection 6

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (K) Please explain the line stating acquisition cost 6%.

## Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 7

### Comments:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

This product was priced to target a loss ratio of 60% which is also the minimum required loss ratio in Colorado for this product. Once all expenses are accounted for the remaining retention percentage left over for profit is 7.65%. The loss ratio targets are reasonable based on Colorados guidance for minimum acceptable loss ratios and the administrative expenses are the same as those charged in all other states where this product will be launched (with the exception of any premium tax and exchange fee differences between states). Given that our loss ratio targets are reasonable and our administrative expenses are consistent nationwide, a 7.65% profit is a reasonable return on risk for a low premium, limited scope dental plan.

#### Related Objection 7

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (J) Please provide the following information: Detailed support must be provided for any proposed load in excess of 7% after federal income tax.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 8

Comments:

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

Please see the exhibit titled Claims Trend under the Supporting Documents tab. The nationwide claims trend exhibited in this graph is the claims trend observed on a product similar to the product in the current filing. Based on the claims trend observed in this similar product, the underlying claims trend on this product is expected to be 6%.

### Related Objection 8

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (L) Please provide the following information: Trend: This section must describe the trend assumptions used in pricing. These assumptions must each be separately discussed, adequately supported, and also be appropriate for the specific line of business, product design, benefit configuration, and time period. Any and all factors affecting the projection of future claims must be presented and adequately supported.

1. Up to the four most recent years of monthly experience used to evaluate historical trends should be provided if available. This experience may be data for the plan being rated, or may include data from other Colorado or National business for similar lines of business, product designs, or benefit configurations.
2. The loss data for a health benefit plan or an applicable plan that pays on an expense basis must be on an incurred basis with pharmacy data shown separately from medical data, and showing separately the accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and incurred but not reported (IBNR) reserves) as of the valuation date. The plan should indicate the number of paid claim months of run out used beyond the end of the incurred claims period.
3. The claims experience for a health benefit plan or an applicable plan that pays on an expense basis should include the following separate data elements for each month: actual medical (non-pharmacy) paid on incurred claims, total medical incurred claims including estimated IBNR claims, actual pharmacy paid on incurred claims, total pharmacy incurred claims including estimated IBNR claims, average covered lives for medical, and average covered lives for pharmacy.
4. The health benefit plan or an applicable plan that pays on an expense basis should also show these data elements aggregated by 12-month annual periods, with yearly per member per months (pmpms) and year over year pmpm trends separately for medical and pharmacy. The plan should also show the annual experience pmpms and trends normalized for changes in demographics, benefit changes, and other factors impacting the true underlying trends.

### Changed Items:

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
Attachment(s):	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
Previous Version	
Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
Attachment(s):	CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 9

#### Comments:

Please see the Actuarial Memorandum which has been updated to include experience on a similar product to the current product being filed.

### Related Objection 9

Applies To:

- Actuarial Memorandum (Supporting Document)

State:	Colorado	Filing Company:	Humana Insurance Company
TOI/Sub-TOI:	H10I Individual Health - Dental/H10I.000 Health - Dental		
Product Name:	Individual Dental Insurance		
Project Name/Number:	/		

Comments: Regulation 4-2-11 Section 6 (N): Please provide the following information: Data Requirements: The memorandum must, at a minimum, include earned premium, incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders submitted on a Colorado-only basis for at least 3 years.

1. Pharmacy claims data for health benefit plans or an applicable plan that pays on an expense basis should also be shown separately for incurred claims, actual benefits ratio, number of claims, average covered lives and number of policyholders.
2. National or other relevant data shall also be provided in order to support the rates, if the Colorado data is not fully credible. Any rate filing involving an existing product is required to provide this information. This includes, but is not limited to: changes in rates; rating factors; rating methodology; trend; new benefit options; or new plan designs for an existing product.
3. If the filing is to introduce a new product to Colorado, nationwide experience must be provided for this product, if available. If no experience for the new product is available, experience for a comparable product must be provided, if available.
4. Rates must be supported by the most recent data available, with as much weight as possible placed upon the Colorado experience.
  - a. For Renewal filings the experience period must include consecutive data no older than nine months prior to the rate effective implementation date.
  - b. For new business filings the experience period must include consecutive data no older than nine months prior to the effective implementation date.

The loss data must be on an incurred basis, including both separately and combined accrued and unaccrued portions of the liability and reserve (e.g., case, bulk and IBNR reserves) as of the valuation date. Premiums and/or exposure data must be stated on both an actual and on-rate-level basis. Capitation payments should be considered as claim or loss payments. The carrier should also provide information about how the number of claims was calculated.

When a carrier files a new policy form, they need to submit support for the new policy form. If the new policy form is based on an existing policy form, the existing policy form experience will be used to support the new policy form, with an explanation as to the differences and relativities between the old and new policy form. The offering of additional cost sharing options (i.e. deductibles and copayments) does not change an existing form into a new policy form.

**Changed Items:**

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 10

##### Comments:

Please see the updated benefit ratio projection included in Section 6 (P) of the Actuarial Memorandum.

#### Related Objection 10

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Regulation 4-2-11 Section 6 (P): Please provide the following information: Benefits Ratio Projections: The memorandum must contain a section projecting the benefits ratio, over the rating period, with the requested rate change. The comparison should be shown in chart form; with projected premiums, projected incurred claims and projected benefits ratio over the rating period, with the requested rate change.

#### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 11

##### Comments:

This product will align with the Low Actuarial Value (70%) guidelines.

#### Related Objection 11

Applies To:

- Actuarial Memorandum (Supporting Document)

Comments: Please identify if this is the high (85%) or low (70%) plan

#### Changed Items:

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Actuarial Memorandum</i>
<b>Comments:</b>	<i>Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.</i>
<b>Attachment(s):</b>	<i>CO Smart Choice Actuarial Memorandum.pdf CO Rate Manual.xlsm</i>

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

*Thank you for your review.*

*Sincerely,*

*Benjamin Ligocki*



**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Benjamin Ligocki on 07/22/2013 08:44 AM

**Last Edited By:**

Nichole Boggess

## Submitted On:

08/01/2013 02:47 PM

**Subject:**

### Question Concerning Objection

**Comments:**

In Objection 1 in the letter submitted on 7/15/2013 there is a reference to 'Cost Experience'. Can you please describe what is included in cost experience?

Thank You

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**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Post Submission Update Request Processed On 07/05/2013

Status: Disallowed  
Created By: Benjamin Ligocki  
Processed By: Nichole Boggess  
Comments: Please update the requested filing mode to file and use.

### General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	Review & Approval	

---

**State:** Colorado **Filing Company:** Humana Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** Individual Dental Insurance  
**Project Name/Number:** /

## Post Submission Update Request Processed On 07/12/2013

Status: Allowed  
Created By: Benjamin Ligocki  
Processed By: Nichole Boggess  
Comments:

### General Information:

Field Name	Requested Change	Prior Value
Requested Filing Mode	File & Use	

SERFF Tracking #:

HUMA-129069002

State Tracking #:

278997

Company Tracking #:

State:

Colorado

Filing Company:

Humana Insurance Company

TOI/Sub-TOI:

H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name:

Individual Dental Insurance

Project Name/Number:

/

## Form Schedule

### Lead Form Number: CO HUMD IND 2014

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Cover	CO HUMD IND 2014	POL	Initial		48.700	
2		Table of Contents	CO TOC 2014	POL	Initial		48.700	
3		Directory	CO HUMD IND DIR 2014	POL	Initial		48.700	
4		PPO Provision	HUMD IND PPO 2014	POL	Initial		48.700	
5		Adult Dental Benefits	CO HUMD IND ABEN 2014	POL	Initial		48.700	
6		Pediatric Dental Benefits	CO HUMD IND PED BEN 2014	POL	Initial		48.700	
7		Limitations and Exclusions	HUMD IND L&E 2014	POL	Initial		48.700	
8		Eligibility	HUMD IND ELIG 2014	POL	Initial		48.700	
9		Changes to Coverage	HUMD IND CHG 2014	POL	Initial		48.700	
10		Premium	HUMD IND PREM 2014	POL	Initial		48.700	

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

Lead Form Number: CO HUMD IND 2014								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
11		Termination	HUMD IND TER 2014	POL	Initial		48.700	
12		General Provisions	CO HUMD IND GP 2014	POL	Initial		48.700	
13		Definitions	CO HUMD IND DEF 2014	POL	Initial		48.700	

#### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	File and Approve
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	N/A

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Humana Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	CO HUMD IND 2014	New		CO Rate Manual.xlsm, CO Rate Manual.pdf,

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

***Attachment CO Rate Manual.xlsxm is not a PDF document and cannot be reproduced here.***



<b>State</b>	CO	<i>Input</i>
<b>County</b>	Denver	<i>Input</i>
<b>Colorado Rating Area</b>	3	<i>Lookup</i>
<b>Humana Rating Area</b>	1	<i>Lookup</i>

Members		
	<i>Input</i>	<i>Output</i>
	Age	Rate
<b>Primary</b>	30	\$18.70
<b>Spouse</b>	28	\$18.70
<b>Child #1</b>	6	\$33.30
<b>Child #2</b>	4	\$33.30
<b>Child #3</b>	2	\$33.30

<b>Total</b>	<b>\$137.30</b>
--------------	-----------------

<u>Factors</u>				
<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>
<b>Base</b>	<b>Area</b>	<b>Trend</b>	<b>Age</b>	<b>Retention</b>
10.7000	1.1104	1.0000	0.9603	0.3900
10.7000	1.1104	1.0000	0.9603	0.3900
23.0000	1.1104	1.0000	0.9778	0.2500
23.0000	1.1104	1.0000	0.9778	0.2500
23.0000	1.1104	1.0000	0.9778	0.2500

<b>Humana Defined Rating Areas</b>	<b>Corresponding Colorado Defined Rating Area</b>
Rating Area 1	1, 3
Rating Area 2	2
Rating Area 3	4, 11
Rating Area 4	5, 7
Rating Area 5	8, 9, 10
Rating Area 6	6

**Humana Dental Smart Choice***Rating*

1	2	3	4	5	6	7	8	9	10	11	12
		Colorado Defined	Humana Defined				Rate per Member				
State&Local	State	Rating Area	Rating Area	0-20	21-26	27-49	50-54	55-59	60-62	63-64	65+
CO1	CO	1	1	\$33.30	\$17.80	\$18.70	\$19.10	\$20.10	\$20.70	\$20.70	\$20.70
CO2	CO	2	2	\$33.50	\$16.90	\$17.80	\$18.20	\$19.10	\$19.60	\$19.60	\$19.60
CO1	CO	3	1	\$33.30	\$17.80	\$18.70	\$19.10	\$20.10	\$20.70	\$20.70	\$20.70
CO3	CO	4	3	\$33.10	\$16.30	\$17.20	\$17.50	\$18.40	\$18.90	\$18.90	\$18.90
CO4	CO	5	4	\$29.30	\$15.10	\$15.90	\$16.20	\$17.00	\$17.50	\$17.50	\$17.50
CO6	CO	6	6	\$29.90	\$16.20	\$17.10	\$17.40	\$18.30	\$18.80	\$18.80	\$18.80

## ***Humana Dental Smart Choice***

### ***Algorithm***

<b>Order</b>	<b>Operation</b>
Step 1	Base Factor
Step 2	Step 1 * Area Factor
Step 3	Step 2 * Trend Factor
Step 4	Step 3 * Age Factor
Step 5	Step 4 / (1 - Retention Factor)
Step 6	Round Step 5 to the nearest penny

**"Member Rate"** - The rate obtained by following steps 1 through 6 for a given member on a policy

**"Total Policy Rate"** - The sum of each Member Rate for a given policy with the restriction that a maximum of 3 dependent children may attribute to the total.

## ***Humana Dental Smart Choice***

### *Base Factor*

<i>State</i>	<b>Colorado Defined</b>	<b>Humana Defined</b>	<b>Base Factor</b>	
	<b>Rating Area</b>	<b>Rating Area</b>	<i>0-20</i>	<i>21+</i>
<i>CO</i>	<i>1</i>	<i>1</i>	23.0000	10.7000
<i>CO</i>	<i>2</i>	<i>2</i>	23.0000	10.7000
<i>CO</i>	<i>3</i>	<i>1</i>	23.0000	10.7000
<i>CO</i>	<i>4</i>	<i>3</i>	23.0000	10.7000
<i>CO</i>	<i>5</i>	<i>4</i>	23.0000	10.7000
<i>CO</i>	<i>6</i>	<i>6</i>	23.0000	10.7000

## ***Humana Dental Smart Choice***

*Area Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Area Factor</i></b>
<i>CO</i>	<i>1</i>	<i>1</i>	1.1104
<i>CO</i>	<i>2</i>	<i>2</i>	1.0540
<i>CO</i>	<i>3</i>	<i>1</i>	1.1104
<i>CO</i>	<i>4</i>	<i>3</i>	1.0161
<i>CO</i>	<i>5</i>	<i>4</i>	0.9403
<i>CO</i>	<i>6</i>	<i>6</i>	1.0105

## ***Humana Dental Smart Choice***

*Trend Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Trend Factor</i></b>
<i>CO</i>	<i>1</i>	<i>1</i>	1.0000
<i>CO</i>	<i>2</i>	<i>2</i>	1.0000
<i>CO</i>	<i>3</i>	<i>1</i>	1.0000
<i>CO</i>	<i>4</i>	<i>3</i>	1.0000
<i>CO</i>	<i>5</i>	<i>4</i>	1.0000
<i>CO</i>	<i>6</i>	<i>6</i>	1.0000

## ***Humana Dental Smart Choice***

### *Age Factor*

<i>State</i>	Colorado Defined	Humana Defined	<i>Age Factor</i>							
	Rating Area	Rating Area	0-20	21-26	27-49	50-54	55-59	60-62	63-64	65+
CO	1	1	0.9778	0.9141	0.9603	0.9805	1.0318	1.0626	1.0626	1.0626
CO	2	2	1.0365	0.9143	0.9629	0.9846	1.0329	1.0601	1.0601	1.0601
CO	3	1	0.9778	0.9141	0.9603	0.9805	1.0318	1.0626	1.0626	1.0626
CO	4	3	1.0623	0.9143	0.9648	0.9817	1.0325	1.0606	1.0606	1.0606
CO	5	4	1.0161	0.9152	0.9640	0.9820	1.0308	1.0608	1.0608	1.0608
CO	6	6	0.9650	0.9138	0.9647	0.9816	1.0326	1.0608	1.0608	1.0608



## ***Humana Dental Smart Choice***

### *Retention Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Retention Factor</i></b>	
			<b><i>Child</i></b>	<b><i>Adult</i></b>
<i>CO</i>	<i>1</i>	<i>1</i>	0.2500	0.3900
<i>CO</i>	<i>2</i>	<i>2</i>	0.2500	0.3900
<i>CO</i>	<i>3</i>	<i>1</i>	0.2500	0.3900
<i>CO</i>	<i>4</i>	<i>3</i>	0.2500	0.3900
<i>CO</i>	<i>5</i>	<i>4</i>	0.2500	0.3900
<i>CO</i>	<i>6</i>	<i>6</i>	0.2500	0.3900

<u>Concat</u>	<u>Colorado Defined Rating Area</u>	<u>Humana Defined Rating Area</u>	<u>State</u>	<u>County</u>
COAdams	3	1	CO	Adams
COAlamosa	8	5	CO	Alamosa
COArapahoe	3	1	CO	Arapahoe
COArchuleta	10	5	CO	Archuleta
COBaca	8	5	CO	Baca
COBent	8	5	CO	Bent
COBoulder	1	1	CO	Boulder
COBroomfield	3	1	CO	Broomfield
COChaffee	8	5	CO	Chaffee
COCheyenne	8	5	CO	Cheyenne
COClear Creek	3	1	CO	Clear Creek
COConejos	8	5	CO	Conejos
COCostilla	8	5	CO	Costilla
COCrowley	8	5	CO	Crowley
COCuster	8	5	CO	Custer
CODelta	10	5	CO	Delta
CODenver	3	1	CO	Denver
CODolores	10	5	CO	Dolores
CODouglas	3	1	CO	Douglas
COEagle	11	3	CO	Eagle
COEl Paso	2	2	CO	El Paso
COElbert	3	1	CO	Elbert
COFremont	8	5	CO	Fremont
COGarfield	11	3	CO	Garfield
COGilpin	3	1	CO	Gilpin
COGrand	10	5	CO	Grand
COGunnison	10	5	CO	Gunnison
COHinsdale	10	5	CO	Hinsdale
COHuerfano	8	5	CO	Huerfano
COJackson	10	5	CO	Jackson
COJefferson	3	1	CO	Jefferson
COKiowa	8	5	CO	Kiowa
COKit Carson	8	5	CO	Kit Carson
COLa Plata	10	5	CO	La Plata
COLake	10	5	CO	Lake
COLarimer	4	3	CO	Larimer
COLas Animas	8	5	CO	Las Animas
COLincoln	8	5	CO	Lincoln
COLogan	9	5	CO	Logan
COMesa	5	4	CO	Mesa
COMineral	8	5	CO	Mineral
COMoffat	10	5	CO	Moffat
COMontezuma	10	5	CO	Montezuma
COMontrose	10	5	CO	Montrose
COMorgan	9	5	CO	Morgan
COOtero	8	5	CO	Otero
COOuray	10	5	CO	Ouray
COPark	3	1	CO	Park
COPhillips	9	5	CO	Phillips
COPitkin	11	3	CO	Pitkin
COProwers	8	5	CO	Prowers
COPueblo	7	4	CO	Pueblo
CORio Blanco	10	5	CO	Rio Blanco
CORio Grande	8	5	CO	Rio Grande

CORoutt	10	5	CO	Routt
COSaguache	8	5	CO	Saguache
COSan Juan	10	5	CO	San Juan
COSan Miguel	10	5	CO	San Miguel
COSedgwick	9	5	CO	Sedgwick
COSummit	11	3	CO	Summit
COTeller	2	2	CO	Teller
COWashington	9	5	CO	Washington
COWeld	6	6	CO	Weld
COYuma	9	5	CO	Yuma

<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental		
<b>Product Name:</b>	Individual Dental Insurance		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	HR-1 Form (H)
<b>Comments:</b>	Please see the attached HR-1 form.
<b>Attachment(s):</b>	HR-1 Form.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Memorandum. The Rate Manual referenced within is also attached.
<b>Attachment(s):</b>	CO Smart Choice Actuarial Memorandum.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Claims Trend
<b>Comments:</b>	The attached graph exhibits nationwide claims trend on a similar product.
<b>Attachment(s):</b>	Claims Trend Graph.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Colorado Rating Areas
<b>Comments:</b>	Please see the attached rating area explanatory exhibit.
<b>Attachment(s):</b>	Colorado Rating Areas.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Base Factor Development
<b>Comments:</b>	Please see the attached file which crosswalks base experience with the base factors.
<b>Attachment(s):</b>	Base Factor Development.xlsx
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

***Attachment Colorado Rating Areas.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Base Factor Development.xlsx is not a PDF document and cannot be reproduced here.***

**State Of Colorado**  
**Health Rate Filing Form**  
**Form HR-1**

**Reset Form**

<b>Must Be Completed For All Products</b>		SERFF FILING # <b>HUMA-129069002</b>	
1. Company: <b>Humana Insurance Company</b>			
2. Person Responsible For Filing: <b>Benjamin Ligocki</b>		3. Title: <b>Senior Actuarial Analyst</b>	
4. Address Of Responsible Person: <b>1600 Aspen Commc</b>		5. Telephone #: <b>(502) 301-1249</b> ext.	
6. Email Address: <b>bligocki@humana.com</b>			
7. <b>Type Of Coverage:</b> <b>PPO</b> Other :			
8. Medicare Supplement: <b>N/A</b> Not Applicable <input checked="" type="checkbox"/>			
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. <b>Sub Category:</b> <b>Individual</b>			
10. A. Group Information: <b>N/A</b> <b>Select One</b> <b>Select One</b> <b>Select One</b> B. Name of association or trust ( <i>if applicable</i> ): C. Description of discretionary group( <i>if applicable</i> ):			
11. <b>Colorado State Code(s):</b> <b>850 Individual</b> <b>Select One</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Select One</b></span> <span><b>Select One</b></span> <span><b>Select One</b></span> </div>			
12. <b>Brief Filing Description</b> (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <div style="text-align: center; margin-top: 10px;"><b>Individual Dental - On Exchange</b></div>			
13. <b>Reason For Filing:</b>  <div style="margin-top: 10px;"> <b>Increase In Benefits?</b>  <b>Reduction In Benefits?</b>  <b>Increase in Profits?</b>  <b>Change Needed To Meet Projected Losses?</b>  <b>Trend Only?</b>  <b>Change In Rating Methodology?</b>  <b>New Product (Initial Offering As Opposed To Rate Revision)?</b>  <b>Other?</b>  <b>(If other, please explain)</b> </div>		<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>	
14. <b>Policy Form(s) Affected:</b> <b>CO HUMD IND 2014 et al</b>			

15. If Rider Or Endorsement, <b>Type Of Benefits?</b> N/A		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. <b>Number Of Colorado Covered Lives</b> (Including Employees And Dependents): 0		
18. A. Rating Period: Annual From 1/1/2014 To 12/31/2014 B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:		<input checked="" type="checkbox"/> N/A (New Product)
19. A. <b>Rate Change Without Trend:</b> 0.00 B. <b>Trend for Rating Period (if trend factor is used in rates):</b> 0.00 C. Overall Rate Impact Change: 0.00		
20. A. <b>Current Underlying Annualized Trend Assumption</b> (If Applicable): B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable):		
21. A. <b>What Is The Maximum Rate Change That Can Affect A Policyholder?</b> 0.00 B. <b>What Is The Minimum Rate Change That Can Affect A Policyholder?</b> 0.00 (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios ( <b>On Colorado only basis</b> )		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 0.66		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. <b>Projected Benefits Ratio With Rate Change over Rating Period</b> B. Projected Benefits Ratio <b>Without</b> Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. <b>Proposed Effective Date:</b> 01/01/2014		
25. A. <b>Total Annual Colorado Written Premium Before Change(s):</b> \$ B. <b>Total Annual Colorado Written Premium After Change(s):</b> \$ C. Written Premium Change For This Product (Net Change): \$		<input checked="" type="checkbox"/> N/A (New Product)
26. A. <b>Effective Date</b> of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:		<input checked="" type="checkbox"/> N/A (New Product)
27. <b>Experience Provided:</b> <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado <b>Select One</b> <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. <b>Small Group Filings Only: Unique Single Index Rate</b> (Effective For All Small Group Plans):		



**HUMANA INSURANCE COMPANY**  
**Actuarial Memorandum**

**Dental Policy Form CO HUMD IND 2014**

**A. Summary**

1. **Reason for the rate filing:** The purpose of this actuarial memorandum is to describe the benefits and assumptions for the new Individual Dental Policy Form CO HUMD IND 2014.
2. **Requested Rate Action:** This is a filing for a new product.
3. **Marketing Method:** This Form will be distributed through the Exchange.
4. **Premium Classification:** Rates will vary based on rating area, effective date, the age of each insured member on a policy, and the number of members on a policy limited to adults and no more than 3 dependent children. The premium algorithm is shown in the associated Rate Manual.
5. **Product Descriptions:** This Form provides benefits for covered Dental services.

Children (Ages 0-19) - Benefits may vary depending on whether or not a participating dentist is used and may be subject to coinsurance, a deductible, and a maximum out of pocket limit. The services covered include Diagnostic, Preventive, Oral Surgery, Minor Restorations, Extractions, Recementations, Endodontics, Implants, and Medically Necessary Orthodontics. Please see the policy for more details on the specific benefits.

Adults (Ages 20+) - Benefits may be subject to waiting periods, coinsurance, may vary depending on whether or not a participating dentist is used, and may be subject to either a deductible or annual maximum or both. The services covered include Diagnostic, Preventive, Oral Surgery, Restorations, Extractions, and Recementations. Additionally, discounts on Periodontic Services, Endodontic Services, Prosthodontic Services, Implants, and Orthodontic Services may be provided when a participating dentist is used. Please see the policy for more details on the specific benefits.

6. **Policy/Rider Form:** The policy form for this filing is CO HUMD IND 2014
7. **Age Basis:** Premiums will be charged based on attained age. There are no restrictions on issue age.
8. **Renewability Provision:** This Form is Guaranteed Renewable for life at the premium rate effective on the renewal anniversary date.

- B. **Assumption, Acquisition or Merger:** This filing is for a new product and does not pertain to an assumption, acquisition or merger.
- C. **Rating Period:** The proposed effective date for this product is January 1<sup>st</sup>, 2014.
- D. **Underwriting:** This Form is guaranteed issue and not underwritten based on health status.
- E. **Effect of Law Changes:** This filing is for a new product. Rating is not impacted by the effect of law changes.
- F. **Rate History:** This is a new form with no rate history.
- G. **Coordination of Benefits:** Benefits will be coordinated with eligible insurance products when available. The expected impact is small and is embedded in the experience used to price the product.
- H. **Relation of Benefits to Premium:** The presumed benefit to premium ratio for this product is 66%.

Expenses – The following are the average benefit ratio and retention components:

Benefits	66.00%
Acquisition Cost	6.00%
Premium Tax	4.40%
Exchange Fee	1.40%
General Expenses	15.30%
Provision for Taxes	2.40%
<u>Profit Load</u>	<u>4.50%</u>
Total	100.00%

#### Expense Definitions

*Benefits* – Reimbursements for covered expenses.

*Acquisition Cost* - Compensation paid to agents and the costs associated with marketing.

*Premium Tax* – The federal and state premium taxes levied against the company for premiums collected from the policyholder.

*Exchange Fee* – The fee imposed on the company to cover costs of managing the exchange.

*General Expenses* – The cost the company incurs administering this product; including claims processing, billing, enrollment, customer service functions, and corporate overhead (legal, compliance, actuarial, etc.). These expenses are the same as those for another similar individual product in Colorado are consistent nationwide.

*Provision for Taxes* – The portion of premium collected in order to cover income taxes levied against the company.

*Profit Load* – The portion of premium remaining after accounting for all other expenses.

- I. **Lifetime Loss Ratio:** The anticipated lifetime loss ratio for this product is 66%.
- J. **Provision for Profit and Contingencies:** The after tax profit is expected to be 4.50% of premium. No explicit contingencies or risk margins are included in this filing.
- K. **Complete Explanation as to How the Proposed Rates were Determined:**

Child rates were developed by utilizing proprietary company experience from group products with broad coverage similar to that offered in this plan. This experience was adjusted for benefit differences, differences in utilization rates between group members and individual members, and adjusted to reflect rating methodology differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Adult rates were developed by utilizing proprietary company experience from other individual products and adjusted for benefit differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Morbidity – The claim costs assumed in pricing are based on proprietary company experience which has been adjusted as outlined. Adjustments were made using actuarial judgment based on proprietary company experience and consultant data when necessary to reflect the risk being priced.

Mortality – Mortality is not a significant factor in the pricing; however, the impact of mortality is reflected in the persistency rates.

Persistency – The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms and are as follows:

Duration	Persistency
1	54%
2	58%
3+	64%

Average Annual Premium – The anticipated average annual premium for this Form is \$265.43 per insured per year, with an expectation of an average of 1.5 insured persons per policy. Therefore the average premium per policy is expected to be \$398.15 per year.

- L. **Trend:** The premium rates for this form will vary by trend factor. The trend factors are displayed in the associated Rate Manual. Annual claims trend is expected to be up to 10% per year.

M. **Credibility:** This is a new form with no experience.

N. **Data Requirements:** The Colorado experience below has been observed on a product similar to the product currently being filed.

Month	Premium	Claims	Loss Ratio	# of Claims	Average Covered Lives	# of Policyholders
10/1/2009	\$327	\$169	52%	29	1.33	6
11/1/2009	\$1,151	\$674	58%	36	1.48	23
12/1/2009	\$2,576	\$1,663	65%	76	1.56	55
1/1/2010	\$3,726	\$3,910	105%	149	1.69	87
2/1/2010	\$6,906	\$2,244	32%	102	1.79	150
3/1/2010	\$9,140	\$6,659	73%	355	1.79	225
4/1/2010	\$10,281	\$5,307	52%	284	1.76	290
5/1/2010	\$13,268	\$5,471	41%	238	1.73	374
6/1/2010	\$16,942	\$9,858	58%	489	1.67	490
7/1/2010	\$21,258	\$13,416	63%	675	1.60	643
8/1/2010	\$25,695	\$15,755	61%	851	1.57	807
9/1/2010	\$30,688	\$15,800	51%	801	1.54	989
10/1/2010	\$34,332	\$18,919	55%	855	1.53	1,146
11/1/2010	\$34,758	\$19,116	55%	989	1.54	1,241
12/1/2010	\$37,733	\$17,902	47%	1016	1.55	1,336
1/1/2011	\$46,977	\$25,406	54%	1174	1.57	1,537
2/1/2011	\$55,339	\$25,381	46%	1112	1.59	1,785
3/1/2011	\$61,442	\$37,573	61%	1573	1.59	2,039
4/1/2011	\$71,217	\$42,672	60%	1862	1.58	2,341
5/1/2011	\$75,200	\$41,768	56%	1669	1.58	2,595
6/1/2011	\$78,274	\$48,633	62%	1951	1.58	2,764
7/1/2011	\$87,084	\$50,191	58%	2090	1.59	3,000
8/1/2011	\$87,649	\$61,881	71%	2469	1.60	3,148
9/1/2011	\$93,726	\$52,179	56%	2100	1.61	3,335
10/1/2011	\$96,336	\$62,768	65%	2392	1.62	3,444
11/1/2011	\$97,723	\$68,264	70%	2838	1.63	3,551
12/1/2011	\$100,091	\$55,290	55%	2246	1.64	3,631
1/1/2012	\$108,013	\$64,469	60%	2515	1.63	3,804
2/1/2012	\$113,407	\$68,676	61%	2728	1.63	3,993
3/1/2012	\$116,439	\$80,755	69%	3172	1.62	4,142
4/1/2012	\$120,637	\$77,129	64%	2953	1.62	4,224
5/1/2012	\$125,311	\$81,886	65%	3062	1.62	4,298
6/1/2012	\$128,289	\$81,599	64%	2687	1.61	4,391
7/1/2012	\$125,968	\$80,629	64%	2667	1.61	4,341
8/1/2012	\$130,245	\$97,088	75%	3059	1.62	4,401
9/1/2012	\$140,850	\$77,297	55%	2588	1.61	4,616

- O. **Side-by-Side Comparison:** This is a new form with no experience.
- P. **Benefits Ratio Projections:** Please see the chart below. Member Months represents current best estimates. Actual membership may vary.

<i><b>Rating Period</b></i>	1/1/2014 - 12/31/2014
<i><b>Member Months</b></i>	6,478
<i><b>Premium</b></i>	\$143,359
<i><b>Claims</b></i>	\$97,655
<i><b>Loss Ratio</b></i>	68.12%

- Q. **Other Factors:**

Claim Liability and Reserves – The IBNR claim reserves will be set based on a claim lag basis. A check against historical claim PMPMs and paid claims for the first lag month will also be made to assure there is no major shift from historical experience. Claim reserves will use an anticipated loss ratio method until relevant experience is available to complete reserves based on a claim lag basis.


Active Life Reserves – Statutory active life reserves will be gross unearned premiums.

- R. **Rating Manuals and Underwriting Guidelines:** Please see the associated rate manual. This Form is guaranteed issue and not underwritten based on health status.

### **Actuarial Certification**

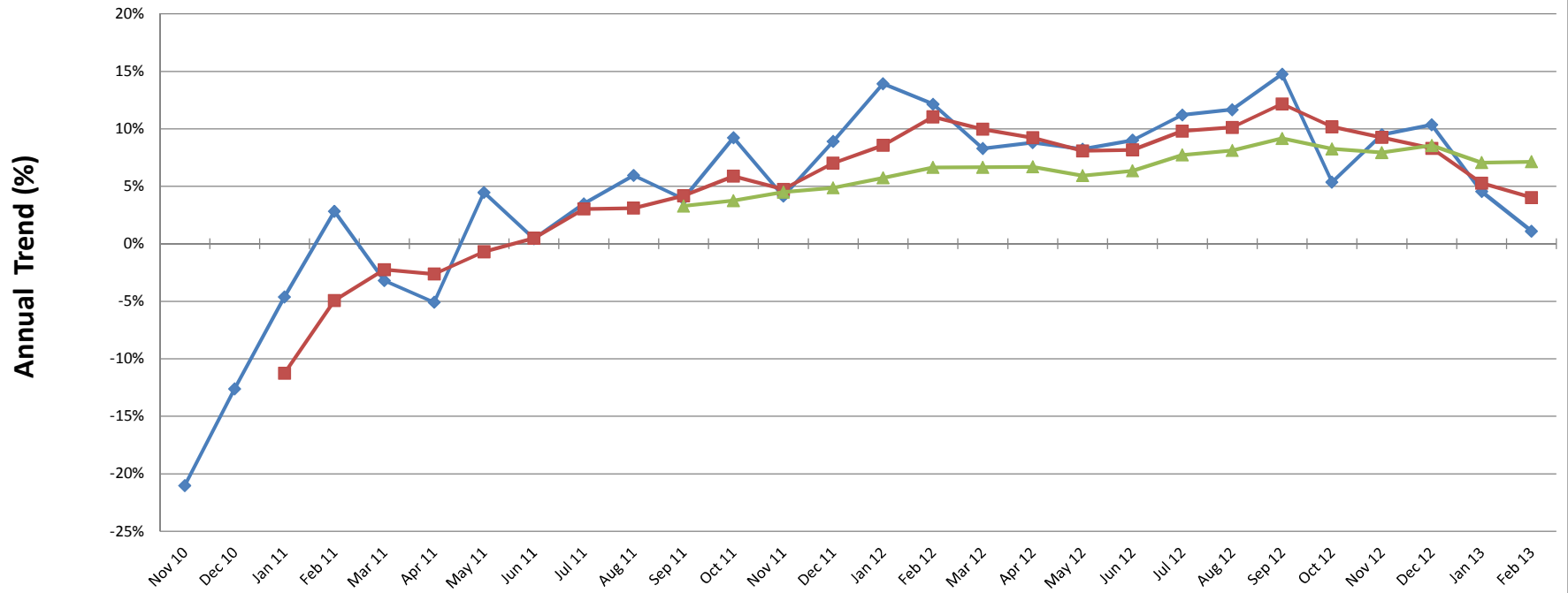
I, Steven J. Laabs, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment:

- (i) this entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance;
- (ii) complies with applicable Actuarial Standards of Practice; and
- (iii) that the benefits provided by this Form are reasonable in relation to the proposed premiums, which are neither excessive, inadequate, nor unfairly discriminatory.

  
\_\_\_\_\_  
Steven J. Laabs, FSA, MAAA  
Managing Actuary  
Humana Insurance Company

July 30, 2013  
Date

## Observed Claims Trend



	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11	Jul 11	Aug 11	Sep 11	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13
1 Mo Annual Trend	-21%	-13%	-5%	3%	-3%	-5%	4%	0%	3%	6%	4%	9%	4%	9%	14%	12%	8%	9%	8%	9%	11%	12%	15%	5%	10%	10%	5%	1%
3 Mo Annual Trend			-11%	-5%	-2%	-3%	-1%	0%	3%	3%	4%	6%	5%	7%	9%	11%	10%	9%	8%	8%	10%	10%	12%	10%	9%	8%	5%	4%
12 Mo Annual Trend											3%	4%	5%	5%	6%	7%	7%	7%	6%	6%	8%	8%	9%	8%	8%	9%	7%	7%

State: Colorado

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: Individual Dental Insurance

Project Name/Number: /

Filing Company:

Humana Insurance Company

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/26/2013		Rate	Rate Manual	07/30/2013	CO Rate Manual.xlsm (Superseded) CO Rate Manual.pdf (Superseded)
07/22/2013		Supporting Document	Actuarial Memorandum	07/30/2013	CO Smart Choice Actuarial Memorandum.pdf (Superseded)
07/12/2013		Supporting Document	Actuarial Memorandum	07/22/2013	CO Rate Manual.xlsm (Superseded) CO Smart Choice Actuarial Memorandum.pdf (Superseded)
07/03/2013		Supporting Document	Actuarial Memorandum	07/12/2013	CO Rate Manual.xlsm CO Smart Choice Actuarial Memorandum.pdf (Superseded)
06/28/2013		Rate	Rate Manual	07/26/2013	CO Rate Manual.xlsm (Superseded) CO Rate Manual.pdf (Superseded)
06/11/2013		Supporting Document	Actuarial Memorandum	07/03/2013	CO Smart Choice Actuarial Memorandum.pdf (Superseded) CO Rate Manual.xlsm
06/11/2013		Supporting Document	HR-1 Form (H)	07/30/2013	HR-1 Form.pdf (Superseded)

<b>SERFF Tracking #:</b>	HUMA-129069002	<b>State Tracking #:</b>	278997	<b>Company Tracking #:</b>	
<b>State:</b>	Colorado	<b>Filing Company:</b>	Humana Insurance Company		
<b>TOI/Sub-TOI:</b>	H10I Individual Health - Dental/H10I.000 Health - Dental				
<b>Product Name:</b>	Individual Dental Insurance				
<b>Project Name/Number:</b>	/				

***Attachment CO Rate Manual.xlsm is not a PDF document and cannot be reproduced here.***

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<i>State</i>	CO	<i>Input</i>
<i>County</i>	Denver	<i>Input</i>
<i>Colorado Rating Area</i>	3	<i>Lookup</i>
<i>Humana Rating Area</i>	1	<i>Lookup</i>

<i>Members</i>		
	<i>Input</i>	<i>Output</i>
	<i>Age</i>	<i>Rate</i>
<i>Primary</i>	30	\$19.00
<i>Spouse</i>	28	\$19.00
<i>Child #1</i>	6	\$39.90
<i>Child #2</i>	4	\$39.90
<i>Child #3</i>	2	\$39.90

<i>Total</i>	\$157.70
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<u><i>Factors</i></u>				
<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>	<i>Lookup</i>
<i>Base</i>	<i>Area</i>	<i>Trend</i>	<i>Age</i>	<i>Retention</i>
10.7000	1.1225	1.0000	0.9493	0.4000
10.7000	1.1225	1.0000	0.9493	0.4000
23.0000	1.1225	1.0000	0.9273	0.4000
23.0000	1.1225	1.0000	0.9273	0.4000
23.0000	1.1225	1.0000	0.9273	0.4000

<b>Humana Defined Rating Areas</b>	<b>Corresponding Colorado Defined Rating Area</b>
Rating Area 1	1, 3
Rating Area 2	2
Rating Area 3	4, 11
Rating Area 4	5, 7
Rating Area 5	8, 9, 10
Rating Area 6	6

## Humana Dental Smart Choice

Rating

1	2	3	4	5	6	7	8	9	10	11	12
		Colorado Defined	Humana Defined				Rate per Member				
State&Local	State	Rating Area	Rating Area	0-20	21-26	27-49	50-54	55-59	60-62	63-64	65+
CO1	CO	1	1	\$39.90	\$18.00	\$19.00	\$19.30	\$20.30	\$20.90	\$20.90	\$20.90
CO2	CO	2	2	\$39.90	\$16.90	\$18.00	\$18.40	\$19.30	\$19.90	\$19.90	\$19.90
CO1	CO	3	1	\$39.90	\$18.00	\$19.00	\$19.30	\$20.30	\$20.90	\$20.90	\$20.90
CO3	CO	4	3	\$39.90	\$16.50	\$17.40	\$17.70	\$18.60	\$19.20	\$19.20	\$19.20
CO4	CO	5	4	\$35.60	\$15.20	\$15.90	\$16.40	\$17.20	\$17.70	\$17.70	\$17.70
CO6	CO	6	6	\$36.40	\$16.40	\$17.30	\$17.60	\$18.50	\$19.00	\$19.00	\$19.00
CO4	CO	7	4	\$35.60	\$15.20	\$15.90	\$16.40	\$17.20	\$17.70	\$17.70	\$17.70
CO5	CO	8	5	\$38.60	\$17.60	\$18.60	\$19.00	\$19.90	\$20.50	\$20.50	\$20.50
CO5	CO	9	5	\$38.60	\$17.60	\$18.60	\$19.00	\$19.90	\$20.50	\$20.50	\$20.50
CO5	CO	10	5	\$38.60	\$17.60	\$18.60	\$19.00	\$19.90	\$20.50	\$20.50	\$20.50
CO3	CO	11	3	\$39.90	\$16.50	\$17.40	\$17.70	\$18.60	\$19.20	\$19.20	\$19.20

## **Humana Dental Smart Choice**

### **Algorithm**

<b>Order</b>	<b>Operation</b>
Step 1	Base Factor
Step 2	Step 1 * Area Factor
Step 3	Step 2 * Trend Factor
Step 4	Step 3 * Age Factor
Step 5	Step 4 / (1 - Retention Factor)
Step 6	Round Step 5 to the nearest penny

**"Member Rate"** - The rate obtained by following steps 1 through 6 for a given member on a policy

**"Total Policy Rate"** - The sum of each Member Rate for a given policy with the restriction that a maximum of 3 dependent children may attribute to the total.

## ***Humana Dental Smart Choice***

### *Base Factor*

<i>State</i>	<b>Colorado Defined</b>	<b>Humana Defined</b>	<b>Base Factor</b>	
	<b>Rating Area</b>	<b>Rating Area</b>	<i>0-20</i>	<i>21+</i>
<i>CO</i>	<i>1</i>	<i>1</i>	23.0000	10.7000
<i>CO</i>	<i>2</i>	<i>2</i>	23.0000	10.7000
<i>CO</i>	<i>3</i>	<i>1</i>	23.0000	10.7000
<i>CO</i>	<i>4</i>	<i>3</i>	23.0000	10.7000
<i>CO</i>	<i>5</i>	<i>4</i>	23.0000	10.7000
<i>CO</i>	<i>6</i>	<i>6</i>	23.0000	10.7000
<i>CO</i>	<i>7</i>	<i>4</i>	23.0000	10.7000
<i>CO</i>	<i>8</i>	<i>5</i>	23.0000	10.7000
<i>CO</i>	<i>9</i>	<i>5</i>	23.0000	10.7000
<i>CO</i>	<i>10</i>	<i>5</i>	23.0000	10.7000
<i>CO</i>	<i>11</i>	<i>3</i>	23.0000	10.7000

## ***Humana Dental Smart Choice***

### *Area Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Area Factor</i></b>
CO	1	1	1.1225
CO	2	2	1.0661
CO	3	1	1.1225
CO	4	3	1.0298
CO	5	4	0.9492
CO	6	6	1.0217
CO	7	4	0.9492
CO	8	5	1.1006
CO	9	5	1.1006
CO	10	5	1.1006
CO	11	3	1.0298

## ***Humana Dental Smart Choice***

*Trend Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Trend Factor</i></b>
<i>CO</i>	<i>1</i>	<i>1</i>	1.0000
<i>CO</i>	<i>2</i>	<i>2</i>	1.0000
<i>CO</i>	<i>3</i>	<i>1</i>	1.0000
<i>CO</i>	<i>4</i>	<i>3</i>	1.0000
<i>CO</i>	<i>5</i>	<i>4</i>	1.0000
<i>CO</i>	<i>6</i>	<i>6</i>	1.0000
<i>CO</i>	<i>7</i>	<i>4</i>	1.0000
<i>CO</i>	<i>8</i>	<i>5</i>	1.0000
<i>CO</i>	<i>9</i>	<i>5</i>	1.0000
<i>CO</i>	<i>10</i>	<i>5</i>	1.0000
<i>CO</i>	<i>11</i>	<i>3</i>	1.0000

## ***Humana Dental Smart Choice***

### *Age Factor*

<i>State</i>	<b>Colorado Defined</b>	<b>Humana Defined</b>	<b><i>Age Factor</i></b>							
	<b>Rating Area</b>	<b>Rating Area</b>	<i>0-20</i>	<i>21-26</i>	<i>27-49</i>	<i>50-54</i>	<i>55-59</i>	<i>60-62</i>	<i>63-64</i>	<i>65+</i>
<i>CO</i>	1	1	0.9273	0.8993	0.9493	0.9643	1.0143	1.0441	1.0441	1.0441
<i>CO</i>	2	2	0.9764	0.8890	0.9470	0.9679	1.0153	1.0469	1.0469	1.0469
<i>CO</i>	3	1	0.9273	0.8993	0.9493	0.9643	1.0143	1.0441	1.0441	1.0441
<i>CO</i>	4	3	1.0108	0.8986	0.9475	0.9636	1.0130	1.0453	1.0453	1.0453
<i>CO</i>	5	4	0.9783	0.8977	0.9394	0.9691	1.0159	1.0454	1.0454	1.0454
<i>CO</i>	6	6	0.9295	0.9003	0.9496	0.9660	1.0156	1.0428	1.0428	1.0428
<i>CO</i>	7	4	0.9783	0.8977	0.9394	0.9691	1.0159	1.0454	1.0454	1.0454
<i>CO</i>	8	5	0.9149	0.8965	0.9476	0.9680	1.0137	1.0443	1.0443	1.0443
<i>CO</i>	9	5	0.9149	0.8965	0.9476	0.9680	1.0137	1.0443	1.0443	1.0443
<i>CO</i>	10	5	0.9149	0.8965	0.9476	0.9680	1.0137	1.0443	1.0443	1.0443
<i>CO</i>	11	3	1.0108	0.8986	0.9475	0.9636	1.0130	1.0453	1.0453	1.0453



## ***Humana Dental Smart Choice***

### *Retention Factor*

<i>State</i>	<b>Colorado Defined Rating Area</b>	<b>Humana Defined Rating Area</b>	<b><i>Retention Factor</i></b>	
			<b><i>Child</i></b>	<b><i>Adult</i></b>
<i>CO</i>	<i>1</i>	<i>1</i>	0.4000	0.4000
<i>CO</i>	<i>2</i>	<i>2</i>	0.4000	0.4000
<i>CO</i>	<i>3</i>	<i>1</i>	0.4000	0.4000
<i>CO</i>	<i>4</i>	<i>3</i>	0.4000	0.4000
<i>CO</i>	<i>5</i>	<i>4</i>	0.4000	0.4000
<i>CO</i>	<i>6</i>	<i>6</i>	0.4000	0.4000
<i>CO</i>	<i>7</i>	<i>4</i>	0.4000	0.4000
<i>CO</i>	<i>8</i>	<i>5</i>	0.4000	0.4000
<i>CO</i>	<i>9</i>	<i>5</i>	0.4000	0.4000
<i>CO</i>	<i>10</i>	<i>5</i>	0.4000	0.4000
<i>CO</i>	<i>11</i>	<i>3</i>	0.4000	0.4000

<u>Concat</u>	<u>Colorado Defined Rating Area</u>	<u>Humana Defined Rating Area</u>	<u>State</u>	<u>County</u>
COAdams	3	1	CO	Adams
COAlamosa	8	5	CO	Alamosa
COArapahoe	3	1	CO	Arapahoe
COArchuleta	10	5	CO	Archuleta
COBaca	8	5	CO	Baca
COBent	8	5	CO	Bent
COBoulder	1	1	CO	Boulder
COBroomfield	3	1	CO	Broomfield
COChaffee	8	5	CO	Chaffee
COCheyenne	8	5	CO	Cheyenne
COClear Creek	3	1	CO	Clear Creek
COConejos	8	5	CO	Conejos
COCostilla	8	5	CO	Costilla
COCrowley	8	5	CO	Crowley
COCuster	8	5	CO	Custer
CODelta	10	5	CO	Delta
CODenver	3	1	CO	Denver
CODolores	10	5	CO	Dolores
CODouglas	3	1	CO	Douglas
COEagle	11	3	CO	Eagle
COEl Paso	2	2	CO	El Paso
COElbert	3	1	CO	Elbert
COFremont	8	5	CO	Fremont
COGarfield	11	3	CO	Garfield
COGilpin	3	1	CO	Gilpin
COGrand	10	5	CO	Grand
COGunnison	10	5	CO	Gunnison
COHinsdale	10	5	CO	Hinsdale
COHuerfano	8	5	CO	Huerfano
COJackson	10	5	CO	Jackson
COJefferson	3	1	CO	Jefferson
COKiowa	8	5	CO	Kiowa
COKit Carson	8	5	CO	Kit Carson
COLa Plata	10	5	CO	La Plata
COLake	10	5	CO	Lake
COLarimer	4	3	CO	Larimer
COLas Animas	8	5	CO	Las Animas
COLincoln	8	5	CO	Lincoln
COLogan	9	5	CO	Logan
COMesa	5	4	CO	Mesa
COMineral	8	5	CO	Mineral
COMoffat	10	5	CO	Moffat
COMontezuma	10	5	CO	Montezuma
COMontrose	10	5	CO	Montrose
COMorgan	9	5	CO	Morgan
COOtero	8	5	CO	Otero
COOuray	10	5	CO	Ouray
COPark	3	1	CO	Park
COPhillips	9	5	CO	Phillips
COPitkin	11	3	CO	Pitkin
COProwers	8	5	CO	Prowers
COPueblo	7	4	CO	Pueblo
CORio Blanco	10	5	CO	Rio Blanco
CORio Grande	8	5	CO	Rio Grande

CORoutt	10	5	CO	Routt
COSaguache	8	5	CO	Saguache
COSan Juan	10	5	CO	San Juan
COSan Miguel	10	5	CO	San Miguel
COSedgwick	9	5	CO	Sedgwick
COSummit	11	3	CO	Summit
COTeller	2	2	CO	Teller
COWashington	9	5	CO	Washington
COWeld	6	6	CO	Weld
COYuma	9	5	CO	Yuma

**HUMANA INSURANCE COMPANY**  
**Actuarial Memorandum**

**Dental Policy Form CO HUMD IND 2014**

**A. Summary**

1. **Reason for the rate filing:** The purpose of this actuarial memorandum is to describe the benefits and assumptions for the new Individual Dental Policy Form CO HUMD IND 2014.
2. **Requested Rate Action:** This is a filing for a new product.
3. **Marketing Method:** This Form will be distributed through the Exchange.
4. **Premium Classification:** Rates will vary based on rating area, effective date, the age of each insured member on a policy, and the number of members on a policy limited to adults and no more than 3 dependent children. The premium algorithm is shown in the associated Rate Manual.
5. **Product Descriptions:** This Form provides benefits for covered Dental services.

Children (Ages 0-19) - Benefits may vary depending on whether or not a participating dentist is used and may be subject to coinsurance, a deductible, and a maximum out of pocket limit. The services covered include Diagnostic, Preventive, Oral Surgery, Minor Restorations, Extractions, Recementations, Endodontics, Implants, and Medically Necessary Orthodontics. Please see the policy for more details on the specific benefits.

Adults (Ages 20+) - Benefits may be subject to waiting periods, coinsurance, may vary depending on whether or not a participating dentist is used, and may be subject to either a deductible or annual maximum or both. The services covered include Diagnostic, Preventive, Oral Surgery, Restorations, Extractions, and Recementations. Additionally, discounts on Periodontic Services, Endodontic Services, Prosthodontic Services, Implants, and Orthodontic Services may be provided when a participating dentist is used. Please see the policy for more details on the specific benefits.

6. **Policy/Rider Form:** The policy form for this filing is CO HUMD IND 2014
7. **Age Basis:** Premiums will be charged based on attained age. There are no restrictions on issue age.
8. **Renewability Provision:** This Form is Guaranteed Renewable for life at the premium rate effective on the renewal anniversary date.

- B. **Assumption, Acquisition or Merger:** This filing is for a new product and does not pertain to an assumption, acquisition or merger.
- C. **Rating Period:** The proposed effective date for this product is January 1<sup>st</sup>, 2014.
- D. **Underwriting:** This Form is guaranteed issue and not underwritten based on health status.
- E. **Effect of Law Changes:** This filing is for a new product. Rating is not impacted by the effect of law changes.
- F. **Rate History:** This is a new form with no rate history.
- G. **Coordination of Benefits:** Benefits will be coordinated with eligible insurance products when available. The expected impact is small and is embedded in the experience used to price the product.
- H. **Relation of Benefits to Premium:** The presumed benefit to premium ratio for this product is 60%.

Expenses – The following are the average benefit ratio and retention components:

Benefits	60.00%
Acquisition Cost	6.00%
Premium Tax	4.50%
Exchange Fee	1.40%
General Expenses	15.75%
Provision for Taxes	4.30%
<u>Profit Load</u>	<u>8.05%</u>
Total	100.00%

#### Expense Definitions

*Benefits* – Reimbursements for covered expenses.

*Acquisition Cost* - Compensation paid to agents and the costs associated with marketing.

*Premium Tax* – The federal and state premium taxes levied against the company for premiums collected from the policyholder.

*Exchange Fee* – The fee imposed on the company to cover costs of managing the exchange.

*General Expenses* – The cost the company incurs administering this product; including claims processing, billing, enrollment, customer service functions, and corporate overhead (legal, compliance, actuarial, etc.). These expenses are the same as those for another similar individual product in Colorado are consistent nationwide.

*Provision for Taxes* – The portion of premium collected in order to cover income taxes levied against the company.

*Profit Load* – The portion of premium remaining after accounting for all other expenses.

- I. **Lifetime Loss Ratio:** The anticipated lifetime loss ratio for this product is 60%.
- J. **Provision for Profit and Contingencies:** The after tax profit is expected to be 7.65% of premium. No explicit contingencies or risk margins are included in this filing.
- K. **Complete Explanation as to How the Proposed Rates were Determined:**

Child rates were developed by utilizing proprietary company experience from group products with broad coverage similar to that offered in this plan. This experience was adjusted for benefit differences, differences in utilization rates between group members and individual members, and adjusted to reflect rating methodology differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Adult rates were developed by utilizing proprietary company experience from other individual products and adjusted for benefit differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Morbidity – The claim costs assumed in pricing are based on proprietary company experience which has been adjusted as outlined. Adjustments were made using actuarial judgment based on proprietary company experience and consultant data when necessary to reflect the risk being priced.

Mortality – Mortality is not a significant factor in the pricing; however, the impact of mortality is reflected in the persistency rates.

Persistency – The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms and are as follows:

Duration	Persistency
1	54%
2	58%
3+	64%

Average Annual Premium – The anticipated average annual premium for this Form is \$263.31 per insured per year, with an expectation of an average of 1.5 insured persons per policy. Therefore the average premium per policy is expected to be \$394.96 per year.

- L. **Trend:** The premium rates for this form will vary by trend factor. The trend factors are displayed in the associated Rate Manual. Annual claims trend is expected to be up to 10% per year.

M. **Credibility:** This is a new form with no experience.

N. **Data Requirements:** The Colorado experience below has been observed on a product similar to the product currently being filed.

Month	Premium	Claims	Loss Ratio	# of Claims	Average Covered Lives	# of Policyholders
10/1/2009	\$327	\$169	52%	29	1.33	6
11/1/2009	\$1,151	\$674	58%	36	1.48	23
12/1/2009	\$2,576	\$1,663	65%	76	1.56	55
1/1/2010	\$3,726	\$3,910	105%	149	1.69	87
2/1/2010	\$6,906	\$2,244	32%	102	1.79	150
3/1/2010	\$9,140	\$6,659	73%	355	1.79	225
4/1/2010	\$10,281	\$5,307	52%	284	1.76	290
5/1/2010	\$13,268	\$5,471	41%	238	1.73	374
6/1/2010	\$16,942	\$9,858	58%	489	1.67	490
7/1/2010	\$21,258	\$13,416	63%	675	1.60	643
8/1/2010	\$25,695	\$15,755	61%	851	1.57	807
9/1/2010	\$30,688	\$15,800	51%	801	1.54	989
10/1/2010	\$34,332	\$18,919	55%	855	1.53	1,146
11/1/2010	\$34,758	\$19,116	55%	989	1.54	1,241
12/1/2010	\$37,733	\$17,902	47%	1016	1.55	1,336
1/1/2011	\$46,977	\$25,406	54%	1174	1.57	1,537
2/1/2011	\$55,339	\$25,381	46%	1112	1.59	1,785
3/1/2011	\$61,442	\$37,573	61%	1573	1.59	2,039
4/1/2011	\$71,217	\$42,672	60%	1862	1.58	2,341
5/1/2011	\$75,200	\$41,768	56%	1669	1.58	2,595
6/1/2011	\$78,274	\$48,633	62%	1951	1.58	2,764
7/1/2011	\$87,084	\$50,191	58%	2090	1.59	3,000
8/1/2011	\$87,649	\$61,881	71%	2469	1.60	3,148
9/1/2011	\$93,726	\$52,179	56%	2100	1.61	3,335
10/1/2011	\$96,336	\$62,768	65%	2392	1.62	3,444
11/1/2011	\$97,723	\$68,264	70%	2838	1.63	3,551
12/1/2011	\$100,091	\$55,290	55%	2246	1.64	3,631
1/1/2012	\$108,013	\$64,469	60%	2515	1.63	3,804
2/1/2012	\$113,407	\$68,676	61%	2728	1.63	3,993
3/1/2012	\$116,439	\$80,755	69%	3172	1.62	4,142
4/1/2012	\$120,637	\$77,129	64%	2953	1.62	4,224
5/1/2012	\$125,311	\$81,886	65%	3062	1.62	4,298
6/1/2012	\$128,289	\$81,599	64%	2687	1.61	4,391
7/1/2012	\$125,968	\$80,629	64%	2667	1.61	4,341
8/1/2012	\$130,245	\$97,088	75%	3059	1.62	4,401
9/1/2012	\$140,850	\$77,297	55%	2588	1.61	4,616

- O. **Side-by-Side Comparison:** This is a new form with no experience.
- P. **Benefits Ratio Projections:** Please see the chart below. Member Months represents current best estimates. Actual membership may vary.

<b>Rating Period</b>	1/1/2014 - 12/31/2014
<b>Member Months</b>	6,470
<b>Premium</b>	\$154,673
<b>Claims</b>	\$94,040
<b>Loss Ratio</b>	60.80%

- Q. **Other Factors:**

Claim Liability and Reserves – The IBNR claim reserves will be set based on a claim lag basis. A check against historical claim PMPMs and paid claims for the first lag month will also be made to assure there is no major shift from historical experience. Claim reserves will use an anticipated loss ratio method until relevant experience is available to complete reserves based on a claim lag basis.


Active Life Reserves – Statutory active life reserves will be gross unearned premiums.

- R. **Rating Manuals and Underwriting Guidelines:** Please see the associated rate manual. This Form is guaranteed issue and not underwritten based on health status.

### Actuarial Certification

I, Steven J. Laabs, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment:

- (i) this entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance;
- (ii) complies with applicable Actuarial Standards of Practice; and
- (iii) that the benefits provided by this Form are reasonable in relation to the proposed premiums, which are neither excessive, inadequate, nor unfairly discriminatory.

  
Steven J. Laabs, FSA, MAAA  
Managing Actuary  
Humana Insurance Company

July 12, 2013  
Date



**HUMANA INSURANCE COMPANY**  
**Actuarial Memorandum**

**Dental Policy Form CO HUMD IND 2014**

**A. Summary**

1. **Reason for the rate filing:** The purpose of this actuarial memorandum is to describe the benefits and assumptions for the new Individual Dental Policy Form CO HUMD IND 2014.
2. **Requested Rate Action:** This is a filing for a new product.
3. **Marketing Method:** This Form will be distributed through the Exchange.
4. **Premium Classification:** Rates will vary based on rating area, effective date, the age of each insured member on a policy, and the number of members on a policy limited to adults and no more than 3 dependent children. The premium algorithm is shown in the associated Rate Manual.
5. **Product Descriptions:** This Form provides benefits for covered Dental services.

Children (Ages 0-19) - Benefits may vary depending on whether or not a participating dentist is used and may be subject to coinsurance, a deductible, and a maximum out of pocket limit. The services covered include Diagnostic, Preventive, Oral Surgery, Minor Restorations, Extractions, Recementations, Endodontics, Implants, and Medically Necessary Orthodontics. Please see the policy for more details on the specific benefits.

Adults (Ages 20+) - Benefits may be subject to waiting periods, coinsurance, may vary depending on whether or not a participating dentist is used, and may be subject to either a deductible or annual maximum or both. The services covered include Diagnostic, Preventive, Oral Surgery, Restorations, Extractions, and Recementations. Additionally, discounts on Periodontic Services, Endodontic Services, Prosthodontic Services, Implants, and Orthodontic Services may be provided when a participating dentist is used. Please see the policy for more details on the specific benefits.

6. **Policy/Rider Form:** The policy form for this filing is CO HUMD IND 2014
7. **Age Basis:** Premiums will be charged based on attained age. There are no restrictions on issue age.
8. **Renewability Provision:** This Form is Guaranteed Renewable for life at the premium rate effective on the renewal anniversary date.

- B. **Assumption, Acquisition or Merger:** This filing is for a new product and does not pertain to an assumption, acquisition or merger.
- C. **Rating Period:** The proposed effective date for this product is January 1<sup>st</sup>, 2014.
- D. **Underwriting:** This Form is guaranteed issue and not underwritten based on health status.
- E. **Effect of Law Changes:** This filing is for a new product. Rating is not impacted by the effect of law changes.
- F. **Rate History:** This is a new form with no rate history.
- G. **Coordination of Benefits:** Benefits will be coordinated with eligible insurance products when available. The expected impact is small and is embedded in the experience used to price the product.
- H. **Relation of Benefits to Premium:** The presumed benefit to premium ratio for this product is 60%.

Expenses – The following are the average benefit ratio and retention components:

Benefits	60.00%
Acquisition Cost	6.00%
Premium Tax	4.50%
Exchange Fee	1.40%
General Expenses	15.75%
Provision for Taxes	4.70%
<u>Profit Load</u>	<u>7.65%</u>
Total	100.00%

#### Expense Definitions

*Benefits* – Reimbursements for covered expenses.

*Acquisition Cost* - Compensation paid to agents and the costs associated with marketing.

*Premium Tax* – The federal and state premium taxes levied against the company for premiums collected from the policyholder.

*Exchange Fee* – The fee imposed on the company to cover costs of managing the exchange.

*General Expenses* – The cost the company incurs administering this product; including claims processing, billing, enrollment, customer service functions, and corporate overhead (legal, compliance, actuarial, etc.). These expenses are the same as those for another similar individual product in Colorado are consistent nationwide.

*Provision for Taxes* – The portion of premium collected in order to cover income taxes levied against the company.

*Profit Load* – The portion of premium remaining after accounting for all other expenses.

- I. **Lifetime Loss Ratio:** The anticipated lifetime loss ratio for this product is 60%.
- J. **Provision for Profit and Contingencies:** The after tax profit is expected to be 7.65% of premium. No explicit contingencies or risk margins are included in this filing.
- K. **Complete Explanation as to How the Proposed Rates were Determined:**

Child rates were developed by utilizing proprietary company experience from group products with broad coverage similar to that offered in this plan. This experience was adjusted for benefit differences, differences in utilization rates between group members and individual members, and adjusted to reflect rating methodology differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Adult rates were developed by utilizing proprietary company experience from other individual products and adjusted for benefit differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Morbidity – The claim costs assumed in pricing are based on proprietary company experience which has been adjusted as outlined. Adjustments were made using actuarial judgment based on proprietary company experience and consultant data when necessary to reflect the risk being priced.

Mortality – Mortality is not a significant factor in the pricing; however, the impact of mortality is reflected in the persistency rates.

Persistency – The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms and are as follows:

Duration	Persistency
1	54%
2	58%
3+	64%

Average Annual Premium – The anticipated average annual premium for this Form is \$263.31 per insured per year, with an expectation of an average of 1.5 insured persons per policy. Therefore the average premium per policy is expected to be \$394.96 per year.

- L. **Trend:** The premium rates for this form will vary by trend factor. The trend factors are displayed in the associated Rate Manual. Annual claims trend is expected to be up to 10% per year.

M. **Credibility:** This is a new form with no experience.

N. **Data Requirements:** The Colorado experience below has been observed on a product similar to the product currently being filed.

Month	Premium	Claims	Loss Ratio	# of Claims	Average Covered Lives	# of Policyholders
10/1/2009	\$327	\$169	52%	29	1.33	6
11/1/2009	\$1,151	\$674	58%	36	1.48	23
12/1/2009	\$2,576	\$1,663	65%	76	1.56	55
1/1/2010	\$3,726	\$3,910	105%	149	1.69	87
2/1/2010	\$6,906	\$2,244	32%	102	1.79	150
3/1/2010	\$9,140	\$6,659	73%	355	1.79	225
4/1/2010	\$10,281	\$5,307	52%	284	1.76	290
5/1/2010	\$13,268	\$5,471	41%	238	1.73	374
6/1/2010	\$16,942	\$9,858	58%	489	1.67	490
7/1/2010	\$21,258	\$13,416	63%	675	1.60	643
8/1/2010	\$25,695	\$15,755	61%	851	1.57	807
9/1/2010	\$30,688	\$15,800	51%	801	1.54	989
10/1/2010	\$34,332	\$18,919	55%	855	1.53	1,146
11/1/2010	\$34,758	\$19,116	55%	989	1.54	1,241
12/1/2010	\$37,733	\$17,902	47%	1016	1.55	1,336
1/1/2011	\$46,977	\$25,406	54%	1174	1.57	1,537
2/1/2011	\$55,339	\$25,381	46%	1112	1.59	1,785
3/1/2011	\$61,442	\$37,573	61%	1573	1.59	2,039
4/1/2011	\$71,217	\$42,672	60%	1862	1.58	2,341
5/1/2011	\$75,200	\$41,768	56%	1669	1.58	2,595
6/1/2011	\$78,274	\$48,633	62%	1951	1.58	2,764
7/1/2011	\$87,084	\$50,191	58%	2090	1.59	3,000
8/1/2011	\$87,649	\$61,881	71%	2469	1.60	3,148
9/1/2011	\$93,726	\$52,179	56%	2100	1.61	3,335
10/1/2011	\$96,336	\$62,768	65%	2392	1.62	3,444
11/1/2011	\$97,723	\$68,264	70%	2838	1.63	3,551
12/1/2011	\$100,091	\$55,290	55%	2246	1.64	3,631
1/1/2012	\$108,013	\$64,469	60%	2515	1.63	3,804
2/1/2012	\$113,407	\$68,676	61%	2728	1.63	3,993
3/1/2012	\$116,439	\$80,755	69%	3172	1.62	4,142
4/1/2012	\$120,637	\$77,129	64%	2953	1.62	4,224
5/1/2012	\$125,311	\$81,886	65%	3062	1.62	4,298
6/1/2012	\$128,289	\$81,599	64%	2687	1.61	4,391
7/1/2012	\$125,968	\$80,629	64%	2667	1.61	4,341
8/1/2012	\$130,245	\$97,088	75%	3059	1.62	4,401
9/1/2012	\$140,850	\$77,297	55%	2588	1.61	4,616

- O. **Side-by-Side Comparison:** This is a new form with no experience.
- P. **Benefits Ratio Projections:** Please see the chart below. Member Months represents current best estimates. Actual membership may vary.

<b>Rating Period</b>	1/1/2014 - 12/31/2014
<b>Member Months</b>	6,470
<b>Premium</b>	\$154,673
<b>Claims</b>	\$94,040
<b>Loss Ratio</b>	60.80%

- Q. **Other Factors:**

Claim Liability and Reserves – The IBNR claim reserves will be set based on a claim lag basis. A check against historical claim PMPMs and paid claims for the first lag month will also be made to assure there is no major shift from historical experience. Claim reserves will use an anticipated loss ratio method until relevant experience is available to complete reserves based on a claim lag basis.


Active Life Reserves – Statutory active life reserves will be gross unearned premiums.

- R. **Rating Manuals and Underwriting Guidelines:** Please see the associated rate manual. This Form is guaranteed issue and not underwritten based on health status.

### Actuarial Certification

I, Steven J. Laabs, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment:

- (i) this entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance;
- (ii) complies with applicable Actuarial Standards of Practice; and
- (iii) that the benefits provided by this Form are reasonable in relation to the proposed premiums, which are neither excessive, inadequate, nor unfairly discriminatory.

  
\_\_\_\_\_  
Steven J. Laabs, FSA, MAAA  
Managing Actuary  
Humana Insurance Company

July 12, 2013  
Date

**HUMANA INSURANCE COMPANY**  
**Actuarial Memorandum**

**Dental Policy Form CO HUMD IND 2014**

**A. Summary**

1. **Reason for the rate filing:** The purpose of this actuarial memorandum is to describe the benefits and assumptions for the new Individual Dental Policy Form CO HUMD IND 2014.
2. **Requested Rate Action:** This is a filing for a new product.
3. **Marketing Method:** This Form will be distributed through the Exchange.
4. **Premium Classification:** Rates will vary based on rating area, effective date, the age of each insured member on a policy, and the number of members on a policy limited to adults and no more than 3 dependent children. The premium algorithm is shown in the associated Rate Manual.
5. **Product Descriptions:** This Form provides benefits for covered Dental services.

Children (Ages 0-19) - Benefits may vary depending on whether or not a participating dentist is used and may be subject to coinsurance, a deductible, and a maximum out of pocket limit. The services covered include Diagnostic, Preventive, Oral Surgery, Minor Restorations, Extractions, Recementations, Endodontics, Implants, and Medically Necessary Orthodontics. Please see the policy for more details on the specific benefits.

Adults (Ages 20+) - Benefits may be subject to waiting periods, coinsurance, may vary depending on whether or not a participating dentist is used, and may be subject to either a deductible or annual maximum or both. The services covered include Diagnostic, Preventive, Oral Surgery, Restorations, Extractions, and Recementations. Additionally, discounts on Periodontic Services, Endodontic Services, Prosthodontic Services, Implants, and Orthodontic Services may be provided when a participating dentist is used. Please see the policy for more details on the specific benefits.

6. **Policy/Rider Form:** The policy form for this filing is CO HUMD IND 2014
7. **Age Basis:** Premiums will be charged based on attained age. There are no restrictions on issue age.
8. **Renewability Provision:** This Form is Guaranteed Renewable for life at the premium rate effective on the renewal anniversary date.

- B. **Assumption, Acquisition or Merger:** This filing is for a new product and does not pertain to an assumption, acquisition or merger.
- C. **Rating Period:** The proposed effective date for this product is January 1<sup>st</sup>, 2014.
- D. **Underwriting:** This Form is guaranteed issue and not underwritten based on health status.
- E. **Effect of Law Changes:** This filing is for a new product. Rating is not impacted by the effect of law changes.
- F. **Rate History:** This is a new form with no rate history.
- G. **Coordination of Benefits:** Benefits will be coordinated with eligible insurance products when available. The expected impact is small and is embedded in the experience used to price the product.
- H. **Relation of Benefits to Premium:** The presumed benefit to premium ratio for this product is 60%.
- I. **Lifetime Loss Ratio:** The anticipated lifetime loss ratio for this product is 60%.
- J. **Provision for Profit and Contingencies:** The after tax profit is expected to be 7.65% of premium. No explicit contingencies or risk margins are included in this filing.
- K. **Complete Explanation as to How the Proposed Rates were Determined:**

Child rates were developed by utilizing proprietary company experience from group products with broad coverage similar to that offered in this plan. This experience was adjusted for benefit differences, differences in utilization rates between group members and individual members, and adjusted to reflect rating methodology differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Adult rates were developed by utilizing proprietary company experience from other individual products and adjusted for benefit differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Morbidity – The claim costs assumed in pricing are based on proprietary company experience which has been adjusted as outlined. Adjustments were made using actuarial judgment based on proprietary company experience and consultant data when necessary to reflect the risk being priced.

Mortality – Mortality is not a significant factor in the pricing; however, the impact of mortality is reflected in the persistency rates.

Persistency – The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms and are as follows:

Duration	Persistency
1	54%
2	58%
3+	64%

Average Annual Premium – The anticipated average annual premium for this Form is \$263.31 per insured per year, with an expectation of an average of 1.5 insured persons per policy. Therefore the average premium per policy is expected to be \$394.96 per year.

Expenses – The following are the average benefit ratio and retention components:

Benefits	60.00%
Acquisition Cost	6.00%
Premium Tax	4.50%
Exchange Fee	1.40%
General Expenses	15.75%
Provision for Taxes	4.70%
Profit Load	7.65%
Total	100.00%

#### Expense Definitions

*Benefits* – Reimbursements for covered expenses.

*Acquisition Cost* - Compensation paid to agents and the costs associated with marketing.

*Premium Tax* – The federal and state premium taxes levied against the company for premiums collected from the policyholder.

*Exchange Fee* – The fee imposed on the company to cover costs of managing the exchange.

*General Expenses* – The cost the company incurs administering this product; including claims processing, billing, enrollment, customer service functions, and corporate overhead (legal, compliance, actuarial, etc.). These expenses are the same as those for another similar individual product in Colorado are consistent nationwide.

*Provision for Taxes* – The portion of premium collected in order to cover income taxes levied against the company.

*Profit Load* – The portion of premium remaining after accounting for all other expenses.

L. **Trend:** The premium rates for this form will vary by trend factor. The trend factors are displayed in the associated Rate Manual. Annual claims trend is expected to be up to 10% per year.

M. **Credibility:** This is a new form with no experience.



N. **Data Requirements:** The Colorado experience below has been observed on a product similar to the product currently being filed.

Month	Premium	Claims	Loss Ratio	# of Claims	Average Covered Lives	# of Policyholders
10/1/2009	\$327	\$169	52%	29	1.33	6
11/1/2009	\$1,151	\$674	58%	36	1.48	23
12/1/2009	\$2,576	\$1,663	65%	76	1.56	55
1/1/2010	\$3,726	\$3,910	105%	149	1.69	87
2/1/2010	\$6,906	\$2,244	32%	102	1.79	150
3/1/2010	\$9,140	\$6,659	73%	355	1.79	225
4/1/2010	\$10,281	\$5,307	52%	284	1.76	290
5/1/2010	\$13,268	\$5,471	41%	238	1.73	374
6/1/2010	\$16,942	\$9,858	58%	489	1.67	490
7/1/2010	\$21,258	\$13,416	63%	675	1.60	643
8/1/2010	\$25,695	\$15,755	61%	851	1.57	807
9/1/2010	\$30,688	\$15,800	51%	801	1.54	989
10/1/2010	\$34,332	\$18,919	55%	855	1.53	1,146
11/1/2010	\$34,758	\$19,116	55%	989	1.54	1,241
12/1/2010	\$37,733	\$17,902	47%	1016	1.55	1,336
1/1/2011	\$46,977	\$25,406	54%	1174	1.57	1,537
2/1/2011	\$55,339	\$25,381	46%	1112	1.59	1,785
3/1/2011	\$61,442	\$37,573	61%	1573	1.59	2,039
4/1/2011	\$71,217	\$42,672	60%	1862	1.58	2,341
5/1/2011	\$75,200	\$41,768	56%	1669	1.58	2,595
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7/1/2011	\$87,084	\$50,191	58%	2090	1.59	3,000
8/1/2011	\$87,649	\$61,881	71%	2469	1.60	3,148
9/1/2011	\$93,726	\$52,179	56%	2100	1.61	3,335
10/1/2011	\$96,336	\$62,768	65%	2392	1.62	3,444
11/1/2011	\$97,723	\$68,264	70%	2838	1.63	3,551
12/1/2011	\$100,091	\$55,290	55%	2246	1.64	3,631
1/1/2012	\$108,013	\$64,469	60%	2515	1.63	3,804
2/1/2012	\$113,407	\$68,676	61%	2728	1.63	3,993
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4/1/2012	\$120,637	\$77,129	64%	2953	1.62	4,224
5/1/2012	\$125,311	\$81,886	65%	3062	1.62	4,298
6/1/2012	\$128,289	\$81,599	64%	2687	1.61	4,391
7/1/2012	\$125,968	\$80,629	64%	2667	1.61	4,341
8/1/2012	\$130,245	\$97,088	75%	3059	1.62	4,401
9/1/2012	\$140,850	\$77,297	55%	2588	1.61	4,616

O. **Side-by-Side Comparison:** This is a new form with no experience.

P. **Benefits Ratio Projections:** Please see the chart below.

<i>Rating Period</i>	1/1/2014 - 12/31/2014
<i>Premium per member per month</i>	\$23.91
<i>Claims per member per month</i>	\$14.53
<i>Loss Ratio</i>	60.80%

Q. **Other Factors:**

Claim Liability and Reserves – The IBNR claim reserves will be set based on a claim lag basis. A check against historical claim PMPMs and paid claims for the first lag month will also be made to assure there is no major shift from historical experience. Claim reserves will use an anticipated loss ratio method until relevant experience is available to complete reserves based on a claim lag basis.

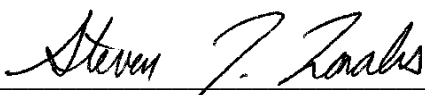
Active Life Reserves – Statutory active life reserves will be gross unearned premiums.

R. **Rating Manuals and Underwriting Guidelines:** Please see the associated rate manual. This Form is guaranteed issue and not underwritten based on health status.

### **Actuarial Certification**

I, Steven J. Laabs, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment:

- (i) this entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance;
- (ii) complies with applicable Actuarial Standards of Practice; and
- (iii) that the benefits provided by this Form are reasonable in relation to the proposed premiums, which are neither excessive, inadequate, nor unfairly discriminatory.

  
Steven J. Laabs, FSA, MAAA  
Managing Actuary  
Humana Insurance Company

July 3, 2013  
Date

## ***Humana Dental Smart Choice***

### *Rating*

	1	2	3	4	5	6	7	8	9	10	11
							Rate per Member				
State&Local	State	Rating Area	0-20	21-26	27-49	50-54	55-59	60-62	63-64	65+	
CO1	CO	1	\$39.90	\$18.00	\$19.00	\$19.30	\$20.30	\$20.90	\$20.90	\$20.90	
CO2	CO	2	\$39.90	\$16.90	\$18.00	\$18.40	\$19.30	\$19.90	\$19.90	\$19.90	
CO3	CO	3	\$39.90	\$16.50	\$17.40	\$17.70	\$18.60	\$19.20	\$19.20	\$19.20	
CO4	CO	4	\$35.60	\$15.20	\$15.90	\$16.40	\$17.20	\$17.70	\$17.70	\$17.70	
CO5	CO	5	\$38.60	\$17.60	\$18.60	\$19.00	\$19.90	\$20.50	\$20.50	\$20.50	
CO6	CO	6	\$36.40	\$16.40	\$17.30	\$17.60	\$18.50	\$19.00	\$19.00	\$19.00	

## **Humana Dental Smart Choice**

### **Algorithm**

<b>Order</b>	<b>Operation</b>
Step 1	Base Factor
Step 2	Step 1 * Area Factor
Step 3	Step 2 * Trend Factor
Step 4	Step 3 * Age Factor
Step 5	Step 4 / (1 - Retention Factor)
Step 6	Round Step 5 to the nearest penny

**"Member Rate"** - The rate obtained by following steps 1 through 6 for a given member on a policy

**"Total Policy Rate"** - The sum of each Member Rate for a given policy with the restriction that a maximum of 3 dependent children may attribute to the total.

## ***Humana Dental Smart Choice***

### *Base Factor*

<i>State</i>	<b>Rating Area</b>	<b>Base Factor</b>	
		<i>0-20</i>	<i>21+</i>
<i>CO</i>	<i>1</i>	23.0000	10.7000
<i>CO</i>	<i>2</i>	23.0000	10.7000
<i>CO</i>	<i>3</i>	23.0000	10.7000
<i>CO</i>	<i>4</i>	23.0000	10.7000
<i>CO</i>	<i>5</i>	23.0000	10.7000
<i>CO</i>	<i>6</i>	23.0000	10.7000

## ***Humana Dental Smart Choice***

### *Area Factor*

<i>State</i>	<i>Rating Area</i>	<i>Area Factor</i>
CO	1	1.1225
CO	2	1.0661
CO	3	1.0298
CO	4	0.9492
CO	5	1.1006
CO	6	1.0217

## ***Humana Dental Smart Choice***

*Trend Factor*

<i>State</i>	<i>Rating Area</i>	<i>Trend Factor</i>
CO	1	1.0000
CO	2	1.0000
CO	3	1.0000
CO	4	1.0000
CO	5	1.0000
CO	6	1.0000

## ***Humana Dental Smart Choice***

### *Age Factor*

<i>State</i>	<b>Rating Area</b>	<b><i>Age Factor</i></b>							
		<i>0-20</i>	<i>21-26</i>	<i>27-49</i>	<i>50-54</i>	<i>55-59</i>	<i>60-62</i>	<i>63-64</i>	<i>65+</i>
<i>CO</i>	1	0.9273	0.8993	0.9493	0.9643	1.0143	1.0441	1.0441	1.0441
<i>CO</i>	2	0.9764	0.8890	0.9470	0.9679	1.0153	1.0469	1.0469	1.0469
<i>CO</i>	3	1.0108	0.8986	0.9475	0.9636	1.0130	1.0453	1.0453	1.0453
<i>CO</i>	4	0.9783	0.8977	0.9394	0.9691	1.0159	1.0454	1.0454	1.0454
<i>CO</i>	5	0.9149	0.8965	0.9476	0.9680	1.0137	1.0443	1.0443	1.0443
<i>CO</i>	6	0.9295	0.9003	0.9496	0.9660	1.0156	1.0428	1.0428	1.0428



## ***Humana Dental Smart Choice***

### *Retention Factor*

<i>State</i>	<i>Rating Area</i>	<i>Retention Factor</i>	
		<i>Child</i>	<i>Adult</i>
CO	1	0.4000	0.4000
CO	2	0.4000	0.4000
CO	3	0.4000	0.4000
CO	4	0.4000	0.4000
CO	5	0.4000	0.4000
CO	6	0.4000	0.4000

<u><b>Concat</b></u>	<u><b>Rating Area</b></u>	<u><b>State</b></u>	<u><b>County</b></u>
COAdams	1	CO	Adams
COAlamosa	5	CO	Alamosa
COArapahoe	1	CO	Arapahoe
COArchuleta	5	CO	Archuleta
COBaca	5	CO	Baca
COBent	5	CO	Bent
COBoulder	1	CO	Boulder
COBroomfield	1	CO	Broomfield
COChaffee	5	CO	Chaffee
COCheyenne	5	CO	Cheyenne
COClear Creek	1	CO	Clear Creek
COConejos	5	CO	Conejos
COCostilla	5	CO	Costilla
COCrowley	5	CO	Crowley
COCuster	5	CO	Custer
CODelta	5	CO	Delta
CODenver	1	CO	Denver
CODolores	5	CO	Dolores
CODouglas	1	CO	Douglas
COEagle	3	CO	Eagle
COEl Paso	2	CO	El Paso
COElbert	1	CO	Elbert
COFremont	5	CO	Fremont
COGarfield	3	CO	Garfield
COGilpin	1	CO	Gilpin
COGrand	5	CO	Grand
COGunnison	5	CO	Gunnison
COHinsdale	5	CO	Hinsdale
COHuerfano	5	CO	Huerfano
COJackson	5	CO	Jackson
COJefferson	1	CO	Jefferson
COKiowa	5	CO	Kiowa
COKit Carson	5	CO	Kit Carson
COLa Plata	5	CO	La Plata
COLake	5	CO	Lake
COLarimer	3	CO	Larimer
COLas Animas	5	CO	Las Animas
COLincoln	5	CO	Lincoln
COLogan	5	CO	Logan
COMesa	4	CO	Mesa
COMineral	5	CO	Mineral
COMoffat	5	CO	Moffat
COMontezuma	5	CO	Montezuma
COMontrose	5	CO	Montrose
COMorgan	5	CO	Morgan
COOtero	5	CO	Otero
COOuray	5	CO	Ouray
COPark	1	CO	Park
COPhillips	5	CO	Phillips

COPitkin	3	CO	Pitkin
COProwers	5	CO	Prowers
COPueblo	4	CO	Pueblo
CORio Blanco	5	CO	Rio Blanco
CORio Grande	5	CO	Rio Grande
CORoutt	5	CO	Routt
COSaguache	5	CO	Saguache
COSan Juan	5	CO	San Juan
COSan Miguel	5	CO	San Miguel
COSedgwick	5	CO	Sedgwick
COSummit	3	CO	Summit
COTeller	2	CO	Teller
COWashington	5	CO	Washington
COWeld	6	CO	Weld
COYuma	5	CO	Yuma

**HUMANA INSURANCE COMPANY**  
**Actuarial Memorandum**

**Dental Policy Form CO HUMD IND 2014**

**A. Summary**

1. **Reason for the rate filing:** The purpose of this actuarial memorandum is to describe the benefits and assumptions for the new Individual Dental Policy Form CO HUMD IND 2014.
2. **Requested Rate Action:** This is a filing for a new product.
3. **Marketing Method:** This Form will be distributed through the Exchange.
4. **Premium Classification:** Rates will vary based on rating area, effective date, the age of each insured member on a policy, and the number of members on a policy limited to adults and no more than 3 dependent children. The premium algorithm is shown in the associated Rate Manual.
5. **Product Descriptions:** This Form provides benefits for covered Dental services.

Children (Ages 0-19) - Benefits may vary depending on whether or not a participating dentist is used and may be subject to coinsurance, a deductible, and a maximum out of pocket limit. The services covered include Diagnostic, Preventive, Oral Surgery, Minor Restorations, Extractions, Recementations, Endodontics, Implants, and Medically Necessary Orthodontics. Please see the policy for more details on the specific benefits.

Adults (Ages 20+) - Benefits may be subject to waiting periods, coinsurance, may vary depending on whether or not a participating dentist is used, and may be subject to either a deductible or annual maximum or both. The services covered include Diagnostic, Preventive, Oral Surgery, Restorations, Extractions, and Recementations. Additionally, discounts on Periodontic Services, Endodontic Services, Prosthodontic Services, Implants, and Orthodontic Services may be provided when a participating dentist is used. Please see the policy for more details on the specific benefits.

6. **Policy/Rider Form:** The policy form for this filing is CO HUMD IND 2014
7. **Age Basis:** Premiums will be charged based on attained age. There are no restrictions on issue age.
8. **Renewability Provision:** This Form is Guaranteed Renewable for life at the premium rate effective on the renewal anniversary date.

- B. **Assumption, Acquisition or Merger:** This filing is for a new product and does not pertain to an assumption, acquisition or merger.
- C. **Rating Period:** The proposed effective date for this product is January 1<sup>st</sup>, 2014.
- D. **Underwriting:** This Form is guaranteed issue and not underwritten based on health status.
- E. **Effect of Law Changes:** This filing is for a new product. Rating is not impacted by the effect of law changes.
- F. **Rate History:** This is a new form with no rate history.
- G. **Coordination of Benefits:** Benefits will be coordinated with eligible insurance products when available. The expected impact is small and is embedded in the experience used to price the product.
- H. **Relation of Benefits to Premium:** The presumed benefit to premium ratio for this product is 60%.
- I. **Lifetime Loss Ratio:** The anticipated lifetime loss ratio for this product is 60%.
- J. **Provision for Profit and Contingencies:** The after tax profit is expected to be 7.65% of premium. No explicit contingencies or risk margins are included in this filing.
- K. **Complete Explanation as to How the Proposed Rates were Determined:**

Child rates were developed by utilizing proprietary company experience from group products with broad coverage similar to that offered in this plan. This experience was adjusted for benefit differences, differences in utilization rates between group members and individual members, and adjusted to reflect rating methodology differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Adult rates were developed by utilizing proprietary company experience from other individual products and adjusted for benefit differences. Proprietary consultant data was used where experience was not credible to develop appropriate claim cost expectations.

Morbidity – The claim costs assumed in pricing are based on proprietary company experience which has been adjusted as outlined. Adjustments were made using actuarial judgment based on proprietary company experience and consultant data when necessary to reflect the risk being priced.

Mortality – Mortality is not a significant factor in the pricing; however, the impact of mortality is reflected in the persistency rates.

Persistency – The persistency rates assumed in pricing are based on Company experience with the most similarly designed and marketed Forms and are as follows:

Duration	Persistency
1	54%
2	58%
3+	64%

Average Annual Premium – The anticipated average annual premium for this Form is \$263.31 per insured per year, with an expectation of an average of 1.5 insured persons per policy. Therefore the average premium per policy is expected to be \$394.96 per year.

Expenses – The following are the average anticipated loss ratio components:

Benefits	60.00%
Acquisition Cost	6.00%
Premium Tax	4.50%
Exchange Fee	1.40%
General Expenses	15.75%
Provision for Taxes	4.70%
Profit Load	7.65%
Total	100.00%

- L. **Trend:** The premium rates for this form will vary by trend factor. The trend factors are displayed in the associated Rate Manual. Annual claims trend is expected to be up to 10% per year.
- M. **Credibility:** This is a new form with no experience.
- N. **Data Requirements:** This is a new form with no experience.
- O. **Side-by-Side Comparison:** This is a new form with no experience.
- P. **Benefits Ratio Projections:** This is a new form with no experience. The anticipated lifetime loss ratio for this form is 60%.
- Q. **Other Factors:**

Claim Liability and Reserves – The IBNR claim reserves will be set based on a claim lag basis. A check against historical claim PMPMs and paid claims for the first lag month will also be made to assure there is no major shift from historical experience. Claim reserves will use an anticipated loss ratio method until relevant experience is available to complete reserves based on a claim lag basis.


Active Life Reserves – Statutory active life reserves will be gross unearned premiums.

- R. **Rating Manuals and Underwriting Guidelines:** Please see the associated rate manual.  
This Form is guaranteed issue and not underwritten based on health status.

**Actuarial Certification**

I, Steven J. Laabs, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment:

- (i) this entire rate filing is in compliance with the applicable laws of the state and with the rules of the Department of Insurance;
- (ii) complies with applicable Actuarial Standards of Practice; and
- (iii) that the benefits provided by this Form are reasonable in relation to the proposed premiums, which are neither excessive, inadequate, nor unfairly discriminatory.

  
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Steven J. Laabs, FSA, MAAA  
Managing Actuary  
Humana Inc

June 10, 2013  
Date

**State Of Colorado**  
**Health Rate Filing Form**  
**Form HR-1**

**Reset Form**

<b>Must Be Completed For All Products</b>		SERFF FILING # <b>HUMA-129069002</b>	
1. Company: <b>Humana Insurance Company</b>			
2. Person Responsible For Filing: <b>Benjamin Ligocki</b>		3. Title: <b>Senior Actuarial Analyst</b>	
4. Address Of Responsible Person: <b>1600 Aspen Commc</b>		5. Telephone #: <b>(502) 301-1249</b> ext.	
6. Email Address: <b>bligocki@humana.com</b>			
7. <b>Type Of Coverage:</b> <b>PPO</b> Other :			
8. Medicare Supplement: <b>N/A</b> Not Applicable <input checked="" type="checkbox"/>			
(1) Prestandardized Plan(s): (2) Standardized Plan(s): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> JHD <input type="checkbox"/> K <input type="checkbox"/> L (3) 2010 Plans: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> FHD <input type="checkbox"/> G <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> N			
9. <b>Sub Category:</b> <b>Individual</b>			
10. A. Group Information: <b>N/A</b> <b>Select One</b> <b>Select One</b> <b>Select One</b> B. Name of association or trust ( <i>if applicable</i> ): C. Description of discretionary group( <i>if applicable</i> ):			
11. <b>Colorado State Code(s):</b> <b>850 Individual</b> <b>Select One</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Select One</b></span> <span><b>Select One</b></span> <span><b>Select One</b></span> </div>			
12. <b>Brief Filing Description</b> (Disability, Major Medical, LTC, Etc. Also Describe All Methodology Changes.): <div style="text-align: center; margin-top: 10px;"><b>Individual Dental - On Exchange</b></div>			
13. <b>Reason For Filing:</b>  <div style="margin-top: 10px;"> <b>Increase In Benefits?</b>  <b>Reduction In Benefits?</b>  <b>Increase in Profits?</b>  <b>Change Needed To Meet Projected Losses?</b>  <b>Trend Only?</b>  <b>Change In Rating Methodology?</b>  <b>New Product (Initial Offering As Opposed To Rate Revision)?</b>  <b>Other?</b>  <b>(If other, please explain)</b> </div>		<div style="display: flex; flex-direction: column; align-items: flex-end;"> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div> <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div>	
14. <b>Policy Form(s) Affected:</b> <b>CO HUMD IND 2014 et al</b>			



15. If Rider Or Endorsement, <b>Type Of Benefits?</b> N/A		
16. Closed Block(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date Block Closed:		
17. <b>Number Of Colorado Covered Lives</b> (Including Employees And Dependents): 0		
18. A. Rating Period: Annual From 1/1/2014 To 12/31/2014 B. Experience Period: From To C. Reason for Rate Change: D. Average Change In Rates From One Year Prior To Effective Date:		<input checked="" type="checkbox"/> N/A (New Product)
19. A. <b>Rate Change Without Trend:</b> 0.00 B. <b>Trend for Rating Period (if trend factor is used in rates):</b> 0.00 C. Overall Rate Impact Change: 0.00		
20. A. <b>Current Underlying Annualized Trend Assumption</b> (If Applicable): B. Requested Underlying <i>Annualized</i> Trend Assumption (If Applicable):		
21. A. <b>What Is The Maximum Rate Change That Can Affect A Policyholder?</b> 0.00 B. <b>What Is The Minimum Rate Change That Can Affect A Policyholder?</b> 0.00 (If the selected rate change differs from the indicated rate change, please fully detail in the actuarial memorandum in section 6K.)		
Benefits Ratios ( <b>On Colorado only basis</b> )		
22. A. Targeted Benefits Ratio over Rating Period (assumed in calculation of rates): 0.60		
B. Actual Benefits Ratio over Experience Period:		<input checked="" type="checkbox"/> N/A (New Product)
23. A. <b>Projected Benefits Ratio With Rate Change over Rating Period</b> B. Projected Benefits Ratio <b>Without</b> Rate Change over Rating Period	<input type="checkbox"/> Colorado <input type="checkbox"/> Colorado/Nationwide <input type="checkbox"/> Nationwide Basis	<input checked="" type="checkbox"/> N/A (New Product)
(If projected benefits ratios on a Colorado only basis are not available, then ratios developed on a blended Colorado/Nationwide or Nationwide basis are acceptable. Please indicate above.)		
24. <b>Proposed Effective Date:</b> 01/01/2014		
25. A. <b>Total Annual Colorado Written Premium Before Change(s):</b> \$ B. <b>Total Annual Colorado Written Premium After Change(s):</b> \$ C. Written Premium Change For This Product (Net Change): \$		<input checked="" type="checkbox"/> N/A (New Product)
26. A. <b>Effective Date</b> of Previous Rate Filing for this Form (including initial filing): B. Previous SERFF Filing Number(s): C. Overall Percentage of Last Rate Change for Affected Policy Forms:		<input checked="" type="checkbox"/> N/A (New Product)
27. <b>Experience Provided:</b> <input type="checkbox"/> Nationwide <input type="checkbox"/> Colorado <b>Select One</b> <input type="checkbox"/> other (specify)		<input checked="" type="checkbox"/> N/A (New Product)
28. <b>Small Group Filings Only: Unique Single Index Rate</b> (Effective For All Small Group Plans):		